

Report
of the
Medical Officer of Health
City of Glasgow



1968

THE CORPORATION OF THE CITY OF GLASGOW

Report

of the

Medical Officer of Health

City of Glasgow



1 9 6 8

THE CORPORATION OF THE CITY OF GLASGOW



Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

<https://archive.org/details/b28652551>

CORPORATION OF GLASGOW

HEALTH AND WELFARE COMMITTEE, 1968-1969

The Right Honourable the Lord Provost

JOHN JOHNSTON, ESQ., J.P.

Convener—WALTER S. MILLER, J.P.

Sub-Convener—MARY G. COWIE

Conveners of Sub-committees

<i>Public Health, etc.</i>	...	MARY G. COWIE
<i>Social and Medical Care</i>		WALTER S. MILLER, J.P.

Bailies

AGNES L. BALLANTYNE	RICHARD DYNES
J. GORDON RENNIE	PETER M. GENMILL
DONALD C. MACGREGOR	ANNA S. DOUGLAS
PATRICK LALLY	

Councillors

JOHN A. BAILEY	JOHN G. MCNAIR, J.P.
WILLIAM M. BROWN, J.P.	JOHN MAINS, O.B.E., J.P.
MARY G. COWIE	DAVID MILLER, J.P.
JEAN CRAIG, J.P.	WALTER S. MILLER, J.P.
WILLIAM E. DALE	JOHN C. PATERSON, J.P.
JOHN DAVIS, J.P.	AGNES M. PATRICK, J.P.
ANNA S. DOUGLAS	WILLIAM SHEARER
D. IAIN FRASER	GRAHAM SPENCE
ROBERT GRAY, J.P.	STEWART D. STEVENSON
MARTHA JOHNSTON, J.P.	PATRICK TRAINER, J.P.
GEORGE A. LESLIE	LEONARD M. TURPIE
ISOBEL LINDSAY	DAVID M. WARDLEY, J.P.
ALBERT N. McCUE	GRAHAM H. WEBSTER
ANGUS MCINTOSH	JAMES WILL, J.P.
JAMES B. MCKENNA, J.P.	JOSEPH WRIGHT, J.P.

HEALTH AND WELFARE SERVICE STAFF

1968

Medical Officer of Health

ARCHIBALD R. MILLER, M.D., Ch.B., D.P.H.

Depute Medical Officer of Health

T. SCOTT WILSON, M.D., D.P.H., D.I.H., D.P.A.

Principal Medical Officers

<i>Maternity and Child Welfare</i>		MARGARET C. BARRON, M.B., Ch.B., D.P.H., D.C.H.
<i>School Health Service</i>	...	M. P. MENZIES, M.B., Ch.B., D.P.H., D.P.A.
<i>General</i>	... ..	JAMES S. McMILLAN, M.D., Ch.B., D.P.H.
<i>Tuberculosis, etc.</i>	... ..	JOHN CLARK, M.B., Ch.B., F.R.F.P.S.G., D.P.H., D.P.A.

Divisional Medical Officers

<i>Central Division</i>	... ..	ALEXANDER NEILSON, M.B., Ch.B., D.P.H.
<i>Northern Division</i>	...	GEORGE McHUGH, B.Sc., M.B., Ch.B., D.T.M.H., D.P.H., D.I.H.
<i>Eastern Division</i>	... ..	WILLIAM J. PATTERSON, M.B., Ch.B., D.P.H., D.P.A., D.I.H.
<i>South-Eastern Division</i>	...	DESMOND J. REILLY, M.B., Ch.B., D.P.H., D.I.H.
<i>South-Western Division</i>	...	W. DEREK WILSON, M.B., Ch.B., D.P.H.

Assistant Divisional Medical Officers

I. M. STEWART, M.B., Ch.B., D.P.H., D.I.H.
 A. G. R. McFADYEN, M.B., Ch.B., D.P.H.
 D. J. C. CAMERON, M.B., Ch.B., M.R.C.P., D.Obst.R., C.O.G.,
 D.P.H., D.C.H.

Mental Health Services—Medical Officers

JAMES P. STEWART, M.B., Ch.B.

CECILIA I. LINDSAY, M.A., B.Sc., M.B., Ch.B.

Sanitary Inspectors*Chief Inspector*

WILLIAM B. EASTON

Divisional Inspectors

<i>Central</i>	...	...	...	...	JAMES S. BROWN
<i>North</i>	...	...	...	...	JOHN D. ARTON
<i>East</i>	...	...	...	...	JOHNSTON N. LANDER
<i>South-east</i>	...	...	...	...	WILLIAM RAE
<i>South-west</i>	...	...	...	...	JAMES JACKSON

Senior Inspectors

<i>Food</i>	...	...	...	...	HARRY T. SMITH
<i>Port Health Authority</i>	...	...	...	...	JAMES H. SMYTH

Technical Officers—Air Purification

<i>Smoke, Fume and Grit Control</i>	...	...	...	...	JOHN H. CHRISTIE, B.O.T. (1st class), H.N.C. (Mech.)
<i>Smoke Control Areas</i>	...	...	...	...	IAN MACPHERSON, B.Sc., F.R.S.H.

Superintendent of Health Visitors

Miss CHRISTINA KEACHIE

Principal Health Visitor Tutor

Miss HELEN YOUNG

Superintendent of Home Nursing

Miss JANE M. LAMONT

Supervisor of Midwives

Miss CATHERINE MILLER

Supervisor of Day Nurseries

Miss MARGARET H. LEE

Supervisor of Home Helps

Miss ELIZABETH M. KAY

Administration

<i>Secretary and Principal Welfare Services Officer</i>	THOMAS TINTO, O.B.E., F.C.A., D.P.A.
<i>Assistant Secretary</i>	JOHN DUFFUS, A.C.I.S.
<i>Assistant Administrative Officers—</i>	
<i>Welfare</i>	WILLIAM SYME
<i>School Health Service</i>	JAMES A. STEWART

Western Regional Hospital Board

<i>Director, City Laboratory</i>	T. F. ELIAS-JONES, M.B., Ch.B., F.C. Path.
<i>Depute Director</i>	MATTHEW LAIDLAW, M.B., Ch.B.

Social Paediatric Research Group

<i>Senior Lecturer</i>	I. D. GERALD RICHARDS, M.D., D.P.H.
<i>Department of Child Health</i>	
<i>Senior Clinical Medical</i>	FRANCES M. W. HAMILTON, Ch.B., D.P.H.
<i>Officer (seconded by Health and Welfare Department)</i>	
<i>Research Fellow (University)</i>	ELIZABETH M. WHITE, M.B., Ch.B., D.P.H., D.C.H.
<i>Research Assistants</i>	MARY F. NICHOLSON
<i>(University)</i>	SANDRA MACKAY
<i>Field Worker (University)</i>	HELEN T. MCINTOSH, S.R.N.
<i>Secretaries (University)</i>	MARGARET I. TINNING
	HAZEL B. MCARTHUR.

CONTENTS

SECTION	PAGE
PREFACE	13
I. POPULATION, ETC.—	
City Estimate	18
Ward and Institutional Population	19
Acreage, Density, Inhabited Houses, etc.	21
Meteorology	25
II. VITAL STATISTICS—	
Summary	31
Births, Marriages	31
Deaths—Age and Sex Distribution	34
do. Classification, Cause, etc.	35
do. Cancer	41
do. Violent Causes	47
III. MATERNITY AND CHILD WELFARE—	
General Review	51
Maternal Deaths	52
Infant and Neonatal Mortality	53
Illegitimate Mortality	57
Premature Births	57
Stillbirths	59
Infant Mortality, etc. Comparison with other Cities	60
Mortality among Toddlers	60
Home Accidents	62
Infant Consultations	65
Antenatal Consultations	67
Post-natal and Consultative Clinics	68
Mothercraft Classes	69
Mother and Child Booklet	69
Ultra-Violet Ray Clinic	69
Dental Treatment of Expectant and Nursing Mothers	70
Cervical Cytology	70
Day Nurseries	71
Training of Nursery Students	72
Residential Homes and Short-Stay Nurseries	72
Children's Department Homes	74
Nurseries and Child Minders Regulations	74
The "At Risk" Register	75
Handicap Register	78
Assessment Centre, Glenfarg Street	80
The Balvicar Child Development Centre	84
Broomhill Centre	88
The Social Paediatric Research Group	88
Health Visiting Service	93

SECTION	PAGE
III. MATERNITY AND CHILD WELFARE— <i>Continued</i>	
Health Visitor's Training School	94
Public Health Training of Student Nurses	96
Domiciliary Midwifery Service	97
Ophthalmia Neonatorum	99
Puerperal Fever and Pyrexia	99
Welfare Foods	100
IV. SCHOOL HEALTH SERVICE—	
Introduction	101
General Statistics	105
Sanitary Condition of Schools	105
Organisation and Administration	105
Medical Treatment	108
Special Schools, Classes and Residential Schools	117
Maladjusted Children—Child Guidance Report	119
Feeding and Clothing, Milk in Schools	121
Medical Liaison at Assessment Centres	122
Examination of School Entrants	123
Child Guidance and the Health Visitor	124
Health Education Scheme	125
Dental Inspection and Treatment Review	127
Arrangements for Physical Education	129
Accidents to School Children	130
Statistical Appendix	132
V. HEALTH EDUCATION	174
VI. HOME HELP SERVICE	177
VII. HOME NURSING SERVICE	181
Nurses' Agencies	184
Nursing Home Regulations	184
VIII. INFECTIOUS AND OTHER DISEASES—	
General Review	185
Immunisation Centre	186
Smallpox and Vaccination	186
Infectious Disease Case Rates 1948-1968	187
Leprosy	189
Malaria	189
Typhoid and Paratyphoid	190
Dysentery	193
Diarrhoea and Enteritis	193
Food Poisoning	195

SECTION

PAGE

VIII. INFECTIOUS AND OTHER DISEASES—*Continued*

Scarlet Fever	197
Erysipelas	197
Puerperal Fever and Pyrexia	198
Diphtheria and Immunisation	198
Cerebrospinal Fever	199
Poliomyelitis and Virus Meningitis	199
Encephalitis and Post Encephalitis Lethargica	203
Measles and Rubella	204
Whooping Cough	205
Chickenpox	206
Pemphigus Neonatorum	206
Rabies	207
Trachoma	207
Anthrax	207
Infective Jaundice and Leptospiral Infection	208
Undulant Fever (Brucellosis)	209
Scabies	212

Respiratory Diseases other than Tuberculosis—

Influenza, 1968	213
Pneumonia and Bronchitis	214

Tuberculosis—

Pulmonary Tuberculosis—Incidence	218
Incidence and Mortality in other Large Towns in Scotland and England	220
B.C.G. Vaccination	221
X-ray Department	225

Venereal Disease—

Incidence	227
Antenatal Blood Tests	229
Gonorrhoea	229
Venereal Disease in Seamen, etc.	231
Contact Tracing and Case Holding	231
Statistical Tables	232

IX. MENTAL SERVICES—

Introduction	235
Training of Staff	235
Care of Mental Defectives—	
Child Development Centres	236
Nursery Centres... ..	236
Laurieston House, etc.	237
Boarding Out	238
Care of Mentally Ill—Aftercare by Health Visitors	239

SECTION	PAGE
X. BLIND PERSONS—	
Age and Sex Incidence, etc.	241
Causes of Blindness	243
Follow-up Scheme	243
XI. WORK OF PORT HEALTH AUTHORITY—	
Inspection of Ships	245
Infectious Disease	246
Examination of Drinking Water, etc.	247
Medical Examination of Aliens	247
Merchant Shipping (Crew Accommodation) Regulations, etc.	248
Hygiene and Sanitation in Dock Area	249
Rodent Control and Fumigation of Ships	250
Importation of Rags, Hair, Hides and Bones	251
Food Inspection and Imported Food Regulations	253
Report by the Veterinary Surgeon	255
XII. HOUSING—	
House Building since 1964	256
Rent Act, 1957	256
Rehousing of Tuberculous Families	256
Deterioration of Property	258
XIII. THE CITY LABORATORY—REPORT BY THE DIRECTOR—	
General Review	259
Epidemiological Investigations :—	
Streptococcal Infection, etc.	261
Food Poisoning—Salmonella T.M. Outbreak, etc....	263
Dysentery	268
Venereal Disease, Trichomoniasis, etc.	270
Tuberculosis, etc.	270
Clinical Pathology	272
Public Health—General Control :—	
Milk Supply	273
Ice-cream, etc.	275
Water Supply, Swimming Baths, etc.	276
Foodstuffs	277
Anthrax, Plague, Yellow Fever, etc.	278
Record of Examinations made during the Year ...	279
XIV. FOOD—	
Food additives	282
Reports and Memoranda issued in 1968	283
Inspection of Food and Food Premises	284
Milk (Special Designations) Orders, etc.	286
Food Standards (Cream) Order	287
Ice-cream Regulations	288

SECTION

PAGE

XIV. FOOD—*Continued.*

Labelling of Food	289
Public Health (Meat) Regulations	289
Egg Imports	289
Colouring Matter in Food, etc.	290
Street Trading	290
Food Hygiene	291
Statistics, 1962-68	291

XV. AIR PURIFICATION—

Road Vehicles	293
Clean Air Act, 1956—Smoke Control Areas	294
Grit and Dust, etc.	299
Shipping, Dock and Harbour Areas	301
Plant Improvements... ..	303
Classes on Boilerhouse Practice and Smoke Abatement ...	305
Atmospheric Pollution Measurement, etc.	306

XVI. GENERAL SANITARY ADMINISTRATION—

Area, Population, Density and Number of Houses in each of the Five Administrative Divisions of the City ...	309
Introduction	310
Removal of Nuisances, etc.	311
Housing (Scotland) Acts, 1950-66	312
Pest Control Unit	316
Disinfection	318
Offices, Shops and Railway Premises Act, 1963 ..	319
Food Hygiene Regulations	323
Factories Act	323
Rag Flock Act	324
Aged and Infirm Persons	324
Noise Abatement Act	324
Storm Damage	325
Factories and Workshops—Return for 1968	329

XVII. OCCUPATIONAL HEALTH—

Work done by Occupational Health Unit	331
--	-----

XVIII. WELFARE SERVICES—

Residential Accommodation	335
Welfare Services for the Handicapped	338
General Welfare Services	343
Family Service Units	343
Small Homes—Admissions and Discharges	344
do. Age of Residents	345

XIX. LEGISLATION	346
-------------------------	-----

SECTION

PAGE

APPENDIX TABLES.

I. Estimated Population in Municipal Wards, Acreage, etc.	352
II. Inhabited and Unoccupied Houses in Municipal Wards	353
III. Linings Granted by Dean of Guild Court	354
IV. Abstract of Meteorological Observations at Glasgow ...	354
V. Birth and Birth Rates and Illegitimate Births in Wards	355
VI. Deaths and Death-rates in Wards	356
VII. Deaths and Death-rates from different Diseases ...	357
VIII ^A Sex and Age Distribution of Deaths (Males)	358
VIII ^B Do. Do. (Females)	359
IX. Still Births and Infant Mortality—In Wards	360
X. Infant Deaths at Given Ages and from Certain Causes	361
XI. Abstract of Notifications under Notification of Births Act, 1907, and Results of Visits	362
XII. Births Notified—Medically and not Medically attended	362
XIII. Cases of Infectious Disease Registered and Number Treated in Hospital	363
XIV. Cases of Infectious Disease Registered in Months ...	364
XV. Operations of Sanitary Section	365
XVI. Population; Births and Deaths; Birth-rates and Death-rates per 1,000; also Deaths under 1 year, and Death-rates per 1,000 Births since 1913 ...	371

APPENDIX B

Dismissals and Deaths, according to Age and Sex, of cases of Infectious Diseases treated in the Two Fever Hospitals, for the year 1968	372
---	-----

ILLUSTRATIONS

Tuberculosis—Death-rates per 100,000 for Glasgow and Scotland since 1936 (Chart)	219
Clean Air Act, 1956. Smoke Control Areas (Diagram) ...	296
Smoke Concentrations—Mount Florida	307

PREFACE

One might say that the year got off to a flying start because on the night of the 14th-15th January *Hurricane Low Q* struck Glasgow. Not since the Second World War have the services in the City had to cope with an emergency on such a scale. The first reports of damage came from the police to the night duty welfare officer at approximately 1 a.m. on 15th January. These reports gradually mounted, and it was learned that people were gathering in police offices. The largest numbers seemed to be at Govan Police Office, while some 280 people had been directed to Foresthall by the police on the north side of the City. A large crane used in the building of multi-storey flats collapsed, and the people in the surrounding area were warned out of their houses. It was estimated that in all some 230 sought shelter in the various police offices in the City. The essentials, warmth, shelter and safety, were thus being provided in Foresthall and temporarily in the police offices. Accommodation had to be found for this latter group of 230. The General Manager of the Halls Department made available accommodation in the South Govan Town Hall and in Shettleston Hall, while further accommodation was provided in Sandy Road Clinic, one of the Department's child welfare centres which was close beside an incident involving the largest number of fatalities.

Once these halls had been opened and the wind had begun to abate the people were removed, with the co-operation of the Transport Department from the police offices to them. The provision of food was arranged at very short notice through the Education Department's School Meals Service. Emergency dinners were on the way to the people in the reception centres by mid-day, and a full meals service was carried on during the whole time that they were open.

Bedding had to be obtained. There was no difficulty at Foresthall where emergency bedding was available, but the numbers in the reception centres had grown to approximately 250. The Regional Hospital Board had sufficient reserve stocks which they very quickly made available. The bedding, complete with pillows, was in the reception centres by 10 o'clock in the evening. The following day the Education Department came forward with an offer of bedsteads which they used in school camps, and this offer was gratefully accepted and added much to the comfort of the folks in the centres.

The Divisional Medical Officers undertook the medical supervision of the centres where there was some illness among the children, and

health visitors and members of the welfare section staff with help from the W.R.V.S. undertook the management. The Ministry of Social Security was contacted and they sent staff to each centre to deal with applications and also provided an officer to be in attendance at our head office each day.

During the first few days after the incident the services of sanitary inspectors, who co-operated with the welfare officers not only in rest centres but also in the preparation of inventories of furniture which had to be removed from damaged houses, were available. As matters developed it became necessary for the sanitary inspectors to be withdrawn from this service to attend to the actual storm damaged houses. In the removal of the furniture from the damaged houses to safe storage the military gave great and valuable assistance, and on the Special Committee set up by the Lord Provost of chief officials involved the military were also represented.

The atmosphere in the reception centres was a very happy one. There were army cinema shows, residents were taken to the Kelvin Hall Circus, and television was installed. We even had a baptism in one centre conducted by the Salvation Army.

In an emergency of this kind it is impossible to mention everyone who helped, but apart from all sections of the staff of this Department assistance was received from the Women's Royal Voluntary Service, the Salvation Army, the Military, the Regional Hospital Board, and of course from other Corporation Departments—Education, Police, Transport and the Baths Department who provided bathing facilities for the residents and facilities for laundrywork. We also obtained help from senior school girls and various other people from different vocations and organisations within the City.

The problem of communication with the reception centres and with the various furniture stores was one of great difficulty. The Scottish Home and Health Department representative on the Lord Provost's Special Committee was asked for help and a radio telephone outfit was provided in the head office with direct communication to each of the reception centres and to the stores, and these places were put into communication with each other. This was one of the greatest helps that we had.

The repair of the damaged houses was a very considerable undertaking, and the Chief Sanitary Inspector and his staff were deeply involved in this throughout the year. Reference is made to this aspect of the problem in Section XVI on General Sanitary Operations.

Such an operation demonstrates the extreme flexibility of the staff where social workers, health visitors, sanitary inspectors, chiropodists, clerical staff and others performed yeoman service in jobs quite unrelated to their daily work.

The next big event of the year occurred in the autumn when between August and October a total of 472 cases of infection due to *S. typhimurium* phage type 32 occurred in the City. This outbreak was part of a widespread epidemic involving central Scotland and extending to the County of Argyll. In this, as in some other outbreaks of *S. typhimurium* infections reported in recent years, the organism appeared to be of a highly invasive character.

The number of cases rose steadily during the first few weeks, remained at a high level for a further two to three weeks and then gradually tapered off. The numbers did not climb to a sharp peak as in an explosive outbreak. Circumstantial evidence gradually collected tended to confirm the suspicion that the infection was passing via the Glasgow Market. This was further enforced by information accumulating from surrounding counties and especially from the relatively isolated communities where shopping facilities are more circumscribed. The bacteriological findings appeared to corroborate the mass of circumstantial evidence that the infection had been conveyed by pigs sent for slaughter, but although samples of bone meal intended for addition to grain for cattle and pig food were found to contain *S. typhimurium* phage type 32, it remains a matter of conjecture as to whether or not this could have been the true origin of the outbreak.

Dr. Elias-Jones, the Director of the City Laboratory, has made reference to this in his report (Section XIII). He has been good enough to refer to the question of collaboration between the Laboratory Staff on the one hand and the staff of the Health and Welfare Department on the other. I would like to take this opportunity of saying for my part how important I feel these close links are and paying tribute to the excellent co-operation with the Director and his staff and also with the City's Veterinary Surgeon and the Markets Manager. To attempt to deal with an outbreak like this without such co-operation would indeed have been a most difficult, if not an impossible task, and I am extremely grateful to these gentlemen for their help during this anxious period.

During the course of the outbreak meetings, at least daily at the beginning, were held. At these meetings, in addition to the Director of the City Laboratory, the Veterinary Surgeon and the Markets Manager, we had the attendance and advice of representatives from the

Scottish Home and Health Department, the Western Regional Hospital Board and neighbouring Medical Officers of Health. Also on one occasion Dr. Betty C. Hobbs of the Food Hygiene Laboratory, Colindale, came up specially to Glasgow to attend the meeting.

The beginning of this outbreak occurred while I was on leave, and I wish to record my appreciation of the work done by my Deputy Dr. T. S. Wilson.

Apart from these two major episodes the rest of the year was comparatively peaceful. There are, however, other points to which I should like to draw attention.

By August the Social Paediatric Research Group had established a system of child health record linkage which is already providing many opportunities both for improved administration and research. I wish to record my indebtedness to Professor James H. Hutchison, Professor of Child Health, and Dr. I. D. G. Richards.

As we suspected last year when the infant mortality rate reached the record low figure of 24.5 there has been a slight rise to 26.2. This is in the nature of things when there has been a considerable drop in a very short time and is, in my view, not of any great significance.

In the realms of housing the Department represented as unfit a record number of houses, namely, 5,894, and these in due course have been removed from the housing pool of the City. The corresponding figure for 1967 was 3,051.

Dr. C. B. S. Schofield, Consultant Venereologist to the Western Regional Hospital Board, to whom we are indebted for the report on venereal diseases which appears in Section VIII, draws attention to the continued increase, not only in our own City but over the rest of the country, in the numbers of young people with gonorrhoea. The figures for teenagers have almost doubled over the past six years. In respect to syphilis the opposite occurs in that there has been a fall in the number of male and female patients as compared with 1967. Dr. Schofield's report brings out the point that travellers are now the main source of importing this condition into the area.

In my opinion, one of the most important public health measures is the clean air programme, and the efforts being made to render the City's air smoke-free have been continued. It is intended that by the end of 1969 more than half of the City will be a smoke-free zone. With the bringing into operation of the Fairfield and Whiteinch Smoke Control

Areas the total number of premises so affected in the City will be in the region of 157,000. Put in another way, this means that 57 per cent. of the City will be smoke-free and 47 per cent. of the population living in smoke control areas.

Several of the consultant staff of the Western Regional Hospital Board have helped us during the period under review and to them and to the others whom I have not already mentioned in this short preface, in particular to Dr. T. F. Elias-Jones, the Director of the City Laboratory, and his staff I wish to record the thanks of the Department for their continued co-operation and help.

During the year the Department lost by death three valued colleagues—Dr. Francis J. O'Hagan who died on 30th January, Dr. Hugh M. Macfarlane on 18th July, and Dr. John Leonard on 30th November. These gentlemen could ill be spared either as members of the School Health Service or as friends and colleagues.

In September, 1968, Mr. William B. Easton, Chief Sanitary Inspector, retired, and it is with pleasure that I record the appointment by the Committee of Mr. James Jackson.

I wish to take this opportunity of once again thanking the Convener, Councillor Walter S. Miller, and members of the Health and Welfare Committee for their support and encouragement during the year. To the members of the staff, and in particular to Miss Knox, the Librarian, who have not only contributed to the writing of this Report but have done so much during the year in connection with the events which are recorded in it, I can only most inadequately say thank you.

ARCH. R. MILLER.

Medical Officer of Health.

SECTION I

POPULATION, ETC.

The Registrar General's estimate of the City's population, as at 30th June, 1968, was 945,034, a decrease of 15,493 from the 1967 mid-year estimate.

A reduction in the number of births in 1968, in conjunction with an increase in the number of deaths, resulted in a Natural Increase of 6,596, by far the smallest in the past ten years, and comparable only with that of 1952 (6,496).

NATURAL INCREASE (*for Calendar year*)

1957	...	...	9,236	1961	...	...	9,474	1965	...	...	8,086
1958	...	...	9,306	1962	...	...	10,267	1966	...	...	7,325
1959	...	...	9,062	1963	...	...	8,901	1967	...	...	7,850
1960	...	...	10,055	1964	...	...	10,128	1968	...	...	6,596

In the period July, 1967 to 30th June, 1968, the natural increase was 6,832, a figure which, if added to the estimated mid-year population in 1967, of 960,527, would have given in 1968 a population of 967,359. According to this estimate, therefore, there has been an actual loss of 22,325 persons from the City during this period. From information supplied by the Registrar General, this loss can be accounted for—partly by emigration abroad and by migration outwith the City, some to other areas of Scotland and the United Kingdom but chiefly into the adjacent counties. In 1968, the estimated net migration loss was some 22,900 persons. Of this number, 51·5 per cent. went to other parts of Scotland, 19·2 per cent. elsewhere in the United Kingdom and 29·3 per cent. overseas.

In 1967, 50·4 per cent. of the migration loss was to other areas in Scotland, 19·9 per cent. to other parts of the United Kingdom and 29·7 per cent. overseas.

This considerable loss of population is, in part, confirmed by the reduction in the number of persons in the Voter's Roll between October, 1967 and February, 1968, a decrease of 14,466. On a ratio of population to voters based on the latest Census this represents a population loss of 22,047 persons.

It should be noted that in this Report, as in 1967, the various rates have been calculated on the *mid-year* population and not on the December estimate as in previous years.

Ward Population.—Details of the population in each ward of the City are given in Appendix Table I and the distribution of the population in the five administrative divisions of the City is shown in Section XVI—General Sanitary Administration, page 309. Ward populations are based on the Census ratio of population to local government electors as changes in the electoral register provide as accurate an index as any of the movement of population between wards.

There is a considerable variation in the size of the ward populations, from 8,903 in Exchange to 85,202 in Provan whose population now exceeds that of Greenock.

The only ward with a population which may be regarded as near the average of all the 37 wards is Langside (25,799). Twenty wards have populations of less than 20,000.

Ten wards have larger populations, and of these Cathcart (64,498), Knightswood (52,597), Pollokshaws (48,340), Shettleston and Tollcross (41,177) and Ruchill (40,455) are, like Provan, wards on the periphery of the City where so much housing development has taken place in recent years.

Institutional Population.—On 30th June each year a special Census of persons resident in hospitals and institutions, hotels, etc., is taken by the district inspectors and in 1968, this population totalled 21,533, a decrease of 537.

The largest institutional population (2,739) was in Provan Ward, where Barlinnie Prison and Gartloch Hospital are located. Exchange Ward where most of the City's hotels are to be found had a population of 2,656. Of the 2,054 persons in Pollokshields Ward more than half were resident in Leverndale Hospital, 457 in Crookston Home and the remainder distributed throughout the many nursing homes and residential homes (for children and aged persons) which are a feature of this area. Robroyston and Stobhill Hospitals together account for most of the 1,779 persons in Springburn Ward. Kelvinside Ward (1,591) has, in addition to the three hospitals, several hotels in this area and a growing number of residential homes for aged persons.

The main Glasgow Hospitals are distributed throughout the City as shown in the following table :—

LOCATION IN WARDS OF THE VARIOUS GLASGOW HOSPITALS AND THE
NUMBER OF PERSONS RESIDENT THEREIN AS AT 30TH JUNE, 1968

Ward				Hospital				Persons Resident
1.	Shettleston and Tollcross			Lightburn	...	...	...	98
2.	Parkhead	...	...	Belvidere	...	...	...	344
7.	Provan	...	...	Gartloch	...	...	...	911
9.	Springburn	...	...	Stobhill	...	...	...	1,132
				Robroyston	...	...	...	547
10.	Townhead	...	...	Royal Infirmary	...	...	...	853
				Eastern District	...	...	...	191
11.	Exchange	...	...	Royal Maternity	...	...	...	330
12.	Anderston	...	...	Ear, Nose and Throat	...	...	...	66
				Queen Mother Hospital	...	...	...	209
				Royal Hospital for Sick Children	...	...	...	*
13.	Park	...	...	Eye Infirmary	...	...	...	94
				Royal Beatson Memorial	...	...	...	68
15.	Woodside	...	...	R.H.S.C., Oakbank	...	...	...	238
16.	Ruchill	...	...	Ruchill	...	...	...	444
18.	Maryhill	...	...	Eastpark Home	...	...	...	23
19.	Kelvinside	...	...	Gartnavel	...	...	...	809
				Homeopathic	...	...	...	26
				Redlands	...	...	...	133
20.	Partick East	...	...	Western Infirmary	...	...	...	888
23.	Yoker	...	...	Knightswood	...	...	...	214
				Blawarthill	...	...	...	55
24.	Knightswood	...	...	R.H.S.C., Drumchapel	...	...	...	109
30.	Fairfield	...	...	Shieldhall	...	...	...	186
				Elder Cottage	...	...	...	25
				Southern General	...	...	...	825
				David Elder	...	...	...	77
32.	Pollokshields	...	...	Leverndale†	...	...	...	1,050
34.	Pollokshaws	...	...	Darnley	...	...	...	71
				Cowglen	...	...	...	239
35.	Govanhill	...	...	Samaritan	...	...	...	146
36.	Langside	...	...	Victoria Infirmary	...	...	...	517
								<u>10,918</u>

* Now at Oakbank.

† Formerly known as Hawkhead.

In 1968, as in previous years fluctuations in hotel and hospital population accounted for most of the changes in the ward totals compared with 1967. The only changes of any consequence were the closure of the Carnival Ground in Mile-end and the opening in February of a new 120-bed Geriatric hospital on the site of the former Lightburn Infectious Diseases Hospital, Carntyne.

The institutional population, as at 30th June, 1968, was accommodated as follows :—

	1968	1967
General Hospitals	2,148	2,312
Infectious Diseases Hospitals	788	901
Mental Hospitals	2,770	2,760
Sanatoria and Others*	5,354	5,031
Nursing and Maternity Homes	376	407
Children's Homes	199	260
Hotels and Guest Houses	3,011	3,409
Hostels	644	973
Homes for aged Persons	1,673	1,774
Common Lodging Houses	1,114	1,134
Special Institutions	3,456	3,109
Total	<u>21,533</u>	<u>22,070</u>

* including Geriatric Hospitals.

Acreage.—The area of the City remains unaltered at 39,725 acres. The following table shows the progress of the City's expansion since the beginning of the century :—

	Acres
1901	12,681
1911	12,975
1921	19,183
1931	29,511
1951	39,725

The 37 wards of the City vary considerably in size, from the smallest, Woodside, with 170 acres, to Provan with 4,846 acres. Cowcaddens, Woodside and Gorbals are the only three wards which have remained unchanged in area throughout the various extensions to the City and alterations in ward boundaries which have taken place since the wards were first "recast" in 1920.

Density.—The average density of the City remained unchanged at 24 persons per acre in 1968. Three of the oldest wards of the City Townhead, Gorbals and Woodside, were till recently the most densely

populated, with densities well above the other 34 wards. The redevelopment of the most congested areas in these wards has resulted in a marked reduction in their density. The progressive reduction in the density of these wards over the past forty years or so is shown as follows :—

			Woodside	Gorbals	Townhead
1921	...	...	222	207	171
1931	...	...	195	186	156
1951 (Census)	...	...	158	145	116
1961 (Census)	...	...	116	93	88
1962	...	...	113	87	86
1963	...	...	107	83	85
1964	...	...	98	78	83
1965	...	...	86	74	79
1966	...	...	81	68	72
1967	...	...	77	60	64
1968	...	...	74	50	56

While the density of the City as a whole at the 1961 Census (26·5 persons per acre) showed little change from that of 1951 (27·4) the extensive housing developments in three wards, Provan (Easterhouse), Knightswood (Drumchapel) and Cathcart (Castlemilk) materially increased the density in these areas. There has been little or no change since.

			Persons per acre		
			1968	1961	1951
Provan	...	...	18	16	5
Knightswood	...	...	33	33	11
Cathcart	...	...	24	23	8

Occupied Houses.—A return of occupied and unoccupied houses (including inhabitant occupiers) as at Whitsunday of each year is compiled by the City Assessor and the following analysis is based on the information given in this return.

There was another decrease in the number of occupied houses, from 313,453 in 1967 to 309,313, a reduction of 4,140, largely due to the large scale redevelopment now proceeding in various areas of the City.

This is, of course, the *net* change from the previous year. In actual fact there was a reduction of 7,324 houses among 24 wards offset by an increase of 3,094 in the other thirteen. The decrease was most marked in the wards of Townhead (722), Gorbals (659), Anderston (620) and Kingston (615).

Increases ranged from ten in Cowlairsto 982 in Yoker and included 485 in Springburn, 377 in Govanhill, 344 in Maryhill and 213 in Langside.

The number of occupied houses in the City according to size is as follows :—

		1968	Compared with 1967	
One apartment	... ..	23,103	Decrease	548
Two apartments	... ..	77,526	Decrease	3,319
Three apartments	... ..	120,435	Increase	755
Four apartments	... ..	64,071	Decrease	524
Five apartments and over		24,178	Decrease	504
		<u>309,313</u>	Decrease	<u>4,140</u>

The decrease in the number of (occupied) one-apartment houses is, of course, the *net* total for the City. Fifteen wards showed some increase in the number of occupied one-apartment houses, from two in Springburn to 207 in Kelvinside. The increase in this ward is due to subdivision of the larger type of house (six apartments and over) and the creation of "multiple occupancies." Most of the increase in other wards is new housing provided for single and aged persons, an instalment of the linings passed by the Dean of Guild in the previous two years (as detailed in Appendix Table III). With the advent of these flats, specially designed for single and aged persons, the category of "one apartment house" is no longer synonymous with a "single end" (a single apartment in a tenement property) but may also refer to a service flat or the accommodation for an aged or single person.

The decrease in occupancy of the older type of one-apartment house was 1,450 in all (this figure takes no account of the increase of 357 in the unoccupied one apartments).

The distribution of the 23,103 occupied one-apartment houses throughout the 37 wards ranges from 171 in Langside to 1,859 in Dalmarnock with the greatest concentration in the older parts of the City. Six wards in all have over 1,000 of this type of house.

The following table shows the total number (*occupied and empty*) of one-apartment houses in these six wards with the relative proportion of houses of all sizes in each.

			Number	As percentage of Houses of all sizes
Dalmarnock	... ..	...	2,286	22·9
Mile-End	... ..	...	1,483	17·6
North Kelvin	... ..	...	1,314	15·8
Cowlairs	... ..	...	1,208	14·8
Kelvinside	... ..	...	1,166	13·9
Shettleston and Tollcross		...	1,165	8·7

Unoccupied Houses.—At Whitsunday, 1968 there were 12,237 houses unoccupied compared with 11,365 in 1967, an increase of 872. This is the result of action taken under the Housing Acts and the redevelopment of certain areas.

The increase was most noticeable in those of two and three apartments.

NUMBER OF EMPTY HOUSES

	1968	1967	1966	1965	1964	1963	1962	1961
One apartment ...	2,810	2,813	2,026	1,871	1,418	1,209	1,135	1,111
Two apartments ...	5,765	5,138	3,572	3,080	2,569	1,693	1,445	1,427
Three apartments ...	2,184	1,930	1,276	1,159	1,005	882	655	628
Four apartments ...	827	781	621	707	596	526	497	492
Five apartments and over ...	651	703	622	766	709	636	630	677
	<u>12,237</u>	<u>11,365</u>	<u>8,157</u>	<u>7,583</u>	<u>6,297</u>	<u>4,946</u>	<u>4,362</u>	<u>4,335</u>

This total of 5,765 two-apartment houses is equivalent to 47 per cent. of all the unoccupied houses in the City, compared with 45 per cent. in 1967. Since 1957, the proportion of unoccupied two-apartments has remained very steady, at 32 per cent. from 1957 to 1959 and 33 per cent. from 1960 to 1962. In 1964, however, there was a sharp rise to 41 per cent. and this ratio has increased steadily since.

Only a small proportion (5·3 per cent.) of the unoccupied houses were houses of five apartments and over compared with 6·2 per cent. in 1967. Townhead had the greatest number of empty houses, 1,199, compared with 816 in 1967, but only seven were of five or more apartments. Wards in which 20 per cent. and over of the empty houses were of five apartments and over are shown in the following table :—

NUMBER OF EMPTY HOUSES

	Total	Five Apartments and over	Percentage
Provan ...	21	11	52
Pollokshields ...	138	52	38
Pollokshaws ...	30	10	33
Kelvinside ...	231	73	32
Partick East ...	338	103	30
Park ...	409	103	25

Dean of Guild Linings.—During the year ended 31st August, 1968, 2,726 linings were granted compared with 5,244 in 1967. Details of the number and size of house for which these were granted are given in Appendix Table III, with a comparison of the figures for the preceding years from 1919. Of the total linings granted, 1,619 were for three-apartment, 56 for four-apartment and one of five-apartments. Accommodation for single and aged persons is to be provided by 70 single and 980 two-apartment houses distributed widely throughout the City.

METEOROLOGY, 1968

The outstanding feature of this year's weather was the hurricane which swept across the country on the night of the 14th January and caused widespread damage in the City. Houses were destroyed or so badly damaged as to be uninhabitable. Nine persons were killed and others injured by falling masonry and hundreds of families were rendered homeless.

Weather conditions otherwise were similar to those of the past two or three years, with no great variation in temperature from the seasonal average. Cold spells, when they did occur, were neither severe nor prolonged.

February was the coldest of the winter months with frost and snow and the lowest mean temperature since 1963. May had its coldest day for eleven years on the 3rd of the month but on the 29th when temperatures soared into the 70's it was the warmest May day for twenty years. Temperatures remained high throughout the next three months, August having its highest mean temperature since 1949. Snow at the end of October heralded the approach of colder weather, with minimum temperatures falling below freezing point from the first week of November onwards.

There was less rain than in 1967 and a somewhat uneven distribution. Most of the months had a succession of dry days; the number of days when rain was recorded in 1968 is by far the lowest since records began in 1920. On several occasions, however, heavy rain caused flooding. In May more than 1 inch of rain fell in one period of 12 hours and almost half of June's total rainfall was recorded on one day towards the end of the month. During a freak storm at the beginning of July, the downpour of rain exceeded even the June total. August, which had only eight wet days, had a rainfall of 1.45 inches on one day in mid-month.

Although there was less sunshine than in 1967, all the five months, April to August inclusive, were sunnier. February was the sunniest since 1963 and August since 1955. December was very dull, the first seventeen days, with only one exception, being quite sunless.

TEMPERATURE

The mean temperature in 1968, 46.7°F was below the average for the ten years 1950-1959 (47.29°F) and the 1967 figure of 47.0°F. Only two months, February and December showed any significant

drop in mean temperature compared with 1967. All four months July to October had higher mean temperatures than in the previous year.

The lowest mean temperature, 33.6°F , was that of February, 6.2° lower than in 1967 and 2° below the 1931-1960 average. The highest maximum was 43°F on the 27th and 28th, the lowest minimum 21°F on the 17th.

Mean temperature in January, 38.5°F was almost the same as in 1967, 38.4°F and 1° above average. The highest maximum was 51°F on the 14th and 18th, lowest minimum 24°F on the 4th.

March too had a mean temperature very similar to that of the previous year, 41.6°F and 41.8°F respectively. This is average for the month. The highest maximum was 58°F on 28th and the lowest minimum 29°F on the 7th and 21st.

April's mean temperature 44.8°F was only slightly below average and 1° less than in 1967. The highest maximum was 64°F on the 26th and the lowest minimum 24°F on the 2nd.

Although mean temperature in May was below average, 47°F compared with 48.2°F in 1967, the highest maximum temperature (on 29th) was 73°F . The minimum temperature, however, was as low as 31°F on the 17th.

The highest day temperature of the year, 80°F , was recorded on the 10th June. The month was warm thereafter with maximum temperatures in the upper 70's until the 18th. Mean temperature for this month, however, was 56.9°F , exactly the same as in 1967 and only slightly above average. The lowest minimum, 43°F was recorded on the 5th.

July was cool at first with a mean temperature of 57.4° . This is higher than in 1967 (56.6°F) but still slightly below the monthly average. Temperatures rose again into the 70's during the last two weeks, the highest maximum 72°F being recorded on the 25th. The lowest minimum temperature, 48°F , was recorded on the 4th, 11th and 29th.

August was warmer than of late, the mean temperature 58.0°F (as against 57.4°F in 1967) being only fractionally below the average for this month. Temperatures of 70°F and over were recorded on eight

occasions during the first fortnight. The highest maximum, 73°F, was recorded on the 10th and the lowest minimum, 41°F, on the 16th.

September had an average mean temperature of 54.1°F, slightly higher than in 1967 (53.9°F). The highest maximum, 69°F, was on the 9th and the lowest minimum, 39°F, on the 18th.

Mean temperature in October, 50.6°F, was above average and 3° higher than in 1967. The highest maximum was 62°F on the 6th and the lowest minimum, 32°F, on the 18th.

November had a mean temperature very similar to that of the previous year, 41.0°F and 41.3°F respectively, only slightly less than average for this month. The highest maximum was 54°F on 25th and the lowest minimum, 26°F, on the 4th and 9th.

December was colder with a mean temperature of 36.9°F in 1968 compared with 39.2°F in 1967, and almost 1° below average. The highest maximum was 49°F on the 22nd and the lowest minimum, 24°F, on the 14th.

Frost was recorded in the first four months on no less than 20 days in February and 12 in January and in the last two months, on 6 days in November and 16 in December.

RAINFALL

The total rainfall in 1968, 40.62 inches was very similar to the average for the ten year period 1950-1959, of 40.25 inches. It was less than the 1967 total of 42.69 inches and the lowest total since 1964 (36.94 inches). The table below shows the very variable distribution of the rainfall in each quarter of each year since 1960, compared with the average for the period 1950-59.

			First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Year
1968	...	...	9.43	7.78	12.25	11.16	40.62
1967	...	...	11.23	8.27	9.83	13.36	42.69
1966	...	...	9.29	11.91	10.04	12.42	43.66
1965	...	...	8.08	9.89	12.57	10.98	41.52
1964	...	...	5.12	10.17	11.35	10.30	36.94
1963	...	...	5.90	9.94	9.62	12.16	37.62
1962	...	...	11.32	6.23	16.37	9.43	43.35
1961	...	...	10.18	6.68	15.40	14.00	46.26
1960	...	...	8.94	8.64	10.65	13.09	41.32
<i>1950-59</i>	...	...	<i>8.40</i>	<i>7.15</i>	<i>12.54</i>	<i>12.16</i>	<i>40.25</i>

This decrease was almost wholly confined to the first half of the year, 17.21 inches compared with 19.50 inches in 1967. Rainfall in the period July to December, however, was very similar in amount to that of the previous year, 23.41 inches and 23.19 inches respectively.

Distribution in the first quarter of the year was more uneven than in 1967. January had 3.24 inches (in 19 days) compared with 3.27 inches (in 17 days) in 1967. February was drier with 2.21 inches (in 13 days) as against 3.99 (in 20 days) in the previous year. Total rainfall in March was almost identical in amount (3.98 inches) with that of 1967 (3.97 inches) but confined to 15 days as against 26. The third quarter, the only one of the four to have more rain than in 1967 had 12.25 inches, almost half of which (5.90 inches) was recorded in September. This month's total was distributed over 19 days, only one more than in 1967 when only 3.61 inches were recorded.

July, the Glasgow Fair Holiday month, had a similar amount of rain (3.49 inches) to that of the previous year (3.44 inches) but concentrated on 11 days as against 23 in 1967. The variations since 1920 in this month's rainfall are shown in the following table :—

RAINFALL IN THE MONTH OF JULY.

				Amount in inches				Amount in inches			
1920-29 (average)	...			3.57	1962	...	...	...	3.04		
1930-39	..	...		3.92	1963	...	...	...	2.18		
1940-49	..	...		3.25	1964	...	...	...	1.82		
1950-54	..	...		4.40	1965	...	...	...	3.63		
1955-59	..	...		4.33	1966	...	...	...	1.65		
1960	...	...	...	4.07	1967	...	...	...	3.44		
1961	...	...	...	2.99	1968	...	...	...	3.49		

A fall of 1.61 inches was recorded on the 2nd of this month followed by a dry spell of eight days at the end of the month.

August had rain on only eight days and a total rainfall of 2.86 inches, not much more than the 2.78 inches spread over 18 days in 1967. A fall of 1.45 inches was recorded on the 13th and the remainder in small amounts through the month. More than half the total rainfall in the 4th Quarter (11.16 inches) was recorded in October (6.35 inches on 21 days) although the month was drier than in 1967 (8.11 inches on 26 days). November had 3.38 inches on 13 days a greater amount than in 1967 (2.69 inches on 18 days) but December was drier, with

1.43 inches (on 13 days) compared with 2.56 inches (on 16 days). There were two dry spells, from 7th to 14th inclusive and again from 24th to 31st inclusive.

Snow and/or sleet showers were experienced on eight days in January, 13 in February, six in March and three in April and on one or two occasions on each of the last three months of the year.

SUNSHINE

There was less sunshine in 1968, 1,192 hours as against 1,221 hours in 1967, this total being very similar to that of 1965 (1,190 hours). This decrease, however, was confined to the first and fourth quarters of the year, while each of the other two quarters had 26 hours more sunshine than in 1967.

The sunniest month was again June with a total of 199 hours' sunshine, very similar to the 1967 figure of 197 hours. The spring months of April and May were also sunnier, the former with 155 hours (145 in 1967) and the latter with 128 hours (113 in 1967).

July, which had been exceptionally dull in 1967, with only 108 hours' sunshine, had 121 hours in 1968. August too was sunnier with 163 hours as against 147 in the previous year. September, however, had only 97 hours' sunshine in 1968 compared with 101 in 1967.

December was the dullest month, with only 29 hours' sunshine, less than half the 1967 total (60 hours). From 3rd to 17th inclusive, there was no sunshine at all. October, which had been exceptionally sunny in 1967 with 110 hours was much duller in 1968 (60 hours). November had 49 hours' sunshine, ten more than in 1967 when it had been the dullest month of the year. In this month also, there were two periods of four and five days each without any appreciable sunshine.

In the first quarter only February was sunnier than in 1967 with 65 hours as against 57, in spite of six sunless days in the second week. January was much duller, 36 hours compared with 51 in 1967 and March had only 90 hours, four less than in the previous year.

There was little fog in 1968, on one or two occasions only in January and February, when it was neither dense nor persistent.

Up to and including November, 1965 the daily readings from which these weather notes were compiled were based on observations made

at Springburn Park and published daily in *The Glasgow Herald*. Since 1st December, 1965, the daily readings have been those recorded at the Meteorological Station at Renfrew Airport, a site more representative of the area than Springburn Park which is higher than many of the surrounding districts. This difference is most obvious in the case of temperature, a variation of several degrees being frequently observed in the readings taken at Renfrew and those recorded at the City Weather Centre.

This year's notes, however, have again been compiled from the monthly weather reports of the Meteorological Office which provides information additional to that shown in Appendix Table IV on page 354. The readings referred to continue to be those taken at Springburn.

SECTION II

VITAL STATISTICS

The following is a summary of the principal vital statistics of the City :—

SUMMARY

	1968	1967	1966	1965	1964
Population	945,034*	960,572*	979,798*	1,000,857*	1,018,582*
Acreage	39,725	39,725	39,725	39,725	39,725
Persons per acre	24	24	25	25	26
Number of Inhabited Houses	309,313	313,453	317,715	318,499	320,316
Deaths—Number registered	12,452	11,715	12,731	13,507	13,086
Deaths—After correction for Transfers	12,220	11,482	12,441	12,761	12,277
Births—Number registered	20,591	21,131	21,799	23,213	23,467
Births—After correction	18,816	19,332	19,766	20,846	21,405
Death rate per 1,000 living —All causes	12.9	12.0	12.7	12.7	12.1
Birth rate per 1,000 living	19.9	20.1	20.2	20.8	20.0
Deaths under One Year— After correction	494	474	598	587	641
Deaths under one Year per 1,000 births ..	26	25	30	28	29
Neonatal death rate—Per 1,000 live births ...	15.5	16	18.9	17.8	18.4
Stillbirth rate per 1,000 births (live and still) ...	17	18	20	20	19

Particulars of the causes of mortality together with the rates are given in Table VII in the Appendix, and the age and sex distribution in Table VIII.

* Midyear population.

BIRTHS

There were 516 fewer births in Glasgow in 1968, the total number registered, 18,816 being the lowest yet recorded. The following table shows the trend since 1930 :—

1930-39 (Average)	22,238	1965	20,846
1940-49 (Average)	21,941	1966	19,766
1950-59 (Average)	21,234	1967	19,332
1960-64 (Average)	22,890	1968	18,816

The birthrate fell from 20.1 per 1,000 of the population in 1967 to 19.9 in 1968, the lowest rate since 1955 (19.5).

Male births formed the same proportion of the total as in 1967, 51.8 per cent. In 1966 the proportion was 51.6 and in 1965 51.4.

Two wards had more than 1,000 births in 1968, Provan (1,269) and Cathcart (1,030). The highest ward birthrates however were those of North Kelvin (36·3) and Mile End (35·9). Cowlairs had a rate of 33·5 and Dalmarnock (33·1).

Craigton continues to have the lowest birthrate of all the wards, 10·9 in 1968 compared with 9·2 in the previous year. Other low rates were those of Knightswood (12·6) and Yoker (13·2). Four wards had very similar rates, Langside (14·2), Pollokshaws (14·5), Kelvinside (14·6) and Pollokshields (14·7).

For several years now attention has been drawn in these reports to one result of low birthrates in certain wards—an excess of deaths over births. This adverse trend was first observed in Kelvinside, Langside and Camphill wards in 1949 and in Yoker and Craigton in 1955. Since 1959, Kelvinside, Langside since 1962 and Camphill since 1964 have consistently had a favourable balance of births over deaths and have therefore been excluded from the table below.

		1968		Decrease						
		Births	Deaths	1968	1967	1966	1965	1964	1963	1962
Yoker	...	394	452	58	77	74	48	25	15	68
Craigton	...	400	518	118	131	137	140	45	90	103

There was a slight improvement in both Yoker and Craigton wards in 1968 due to a greater increase in the births than in the deaths.

Illegitimate Births.—There were 1,964 illegitimate births in 1968, compared with 1,853 in 1967 and 1,749 in 1966. This is equivalent to 10·4 per cent. of the total live births as against 9·6 per cent. in the previous year, and is the highest rate so far recorded for the City. The following table shows the trend in the rate since 1946 :—

1946-1950 (Average)	5·6	1964	...	...	7·1
1951-1955 (Average)	4·9	1965	...	...	7·7
1956-1960 (Average)	4·9	1966	...	...	8·8
1961	...	1967	...	...	9·6
1962	...	1968	...	...	10·4
1963	...				

The highest rate was that of Park Ward (21·1), followed by Anderston (16·9), Calton (15·7), Woodside (15·4), and Springburn (14·2). The lowest rate was that of Partick West (4·8) followed by Langside (5·3), Govanhill (6·3) and Fairfield (6·8).

A more accurate comparison of the legitimate and illegitimate birth rates is obtained when the calculation is based on the number of women of child bearing ages; the former on married women of 16 to 44 years of age, and the latter on the unmarried women and widows

of 15 to 44. This is given in the following table (the latest available figure being that of 1967) :—

GLASGOW—BIRTH RATES DISTINGUISHING LEGITIMATE AND
ILLEGITIMATE IN CERTAIN YEARS FROM 1881
(Based on Figures of the Registrar-General)

Year	Number of Legitimate Births	Rate per 1,000 Married Women 16-44 Years	Number of Illegitimate Births	Rate per 1,000 Unmarried Women and Widows 15-44 Years
1881 ...	17,605	293	1,501	22
1891 ...	18,304	283	1,553	21
1901 ...	22,678	260	1,530	14
1911 ...	19,966	229	1,603	14
1921 ...	27,790	238	1,922	13
1931 ...	21,504	176	1,427	10
1951 ...	19,029	134	1,062	9.6
1961 ...	21,606	155.6	1,236	15.0
1962 ...	22,064	163.0	1,430	17.1
1963 ...	21,134	160.2	1,484	17.8
1964 ...	20,808	160.9	1,597	19.4
1965 ...	19,240	152.3	1,606	20.2
1966 ...	18,017	146.8	1,749	22.8
1967 ...	17,479	146.2	1,853	25.1

These rates are higher than those for Scotland as a whole. In 1967 the comparable legitimate birth rate for Scotland was 137.2 and the illegitimate 18.3.

MARRIAGES

There was a decrease in the number of marriages in 1968, 8,941 compared with 8,989 in 1967 and 9,042 in 1966. This represents a rate of 9.5 per thousand of the population as against 9.4 for the previous year. The following table shows the trend of the marriage rate since 1911 :—

MARRIAGE PER THOUSAND PERSONS LIVING

1911-1920 ...	9.7	1962 ...	8.7
1921-1930 ...	8.9	1963 ...	8.6
1931-1940 ...	9.7	1964 ...	8.7
1941-1945 ...	11.0	1965 ...	8.8
1946-1950 ...	9.8	1966 ...	9.2
1951-1955 ...	9.6	1967 ...	9.4
1956-1960 ...	9.5	1968 ...	9.5
1961 ...	8.9		

This is still above the rate for Scotland as a whole, which increased from 8.1 in 1967 to 8.4 in 1968.

DEATHS

The number of deaths registered in 1968 was 12,452, an increase of 737 from the previous year. After correction for transfers this total was reduced to 12,220 compared with 11,482 in 1967. In 1968 Glasgow with 18.2 per cent. of the population of Scotland (18.5 in 1967) accounted for 19.3 per cent. of the deaths, the same proportion as in 1967.

The general death rate, which in 1967 had been 12.0, the lowest recorded rate since 1954, rose to 12.9 per 1,000 in 1968.

The highest ward death rate was again that of Exchange (20.18). Camphill Ward, which with only three exceptions since 1950 had the highest rate till 1965, came second again in 1968 with a rate of 17.25. Three wards had rates of 16.0 and over, Calton (16.6), Parkhead (16.5) and Kinning Park (16.3). Four wards, Dennistoun, Cowlares, Yoker and Anderston each had a rate of 15.2. Only one ward, Shettleston and Tollcross (12.9) had the same rate as the City. Provan for the seventh year in succession had the lowest rate of all the 37 wards (7.8 compared with 7.4 in 1967). Other wards with low rates were Knightswood (8.7), Cathcart (8.9) and Pollokshaws (9.3).

Age and Sex Distribution.—The increase was noticeably greater in the females, 5,899 as against 5,453 in 1967, 446 more. The male deaths totalled 6,321, an increase of 292. Forty-nine per cent. of the total deaths were females as against fifty-one per cent. males.

The sex and age distribution of deaths, classified to the Eighth Revision of the International Statistical Classification of Diseases and Deaths (Short List) has been taken from the *Registrar General's provisional return* and is shown in Appendix Table VIII.

The age distribution of the deaths as a rate per 1,000 deaths at all ages is given in the table below:—

RATE PER THOUSAND AT ALL AGES

	-4 wks.	-1 yr.	-5	-15	-25	-35	-45	-55	-65	65+	Total
1951	36	28	12	9	16	25	45	98	180	551	1,000
1961	35	18	7	5	8	13	33	88	192	602	1,000
1962	38	20	7	7	8	14	34	89	195	588	1,000
1963	32	21	7	6	7	13	31	84	200	599	1,000
1964	33	19	6	6	9	12	33	89	210	583	1,000
1965	29	17	6	6	9	13	31	83	200	606	1,000
1966	30	18	7	6	9	12	28	83	196	611	1,000
1967	26	15	6	6	8	10	31	79	206	613	1,000
1968	24	17	6	6	8	11	29	80	190	629	1,000

In 1951, 8.5 per cent. of all the deaths occurred at ages under 15 years and 73 per cent. at ages over 55. In 1968 the relative proportions were 5.2 and 81.9 per cent.

The increase in the male deaths was almost wholly confined to the age groups 65 to 74 years, with little change at the lower ages. Among the females the increase was most apparent at 75 years and over.

Over 55 years the male deaths totalled 4,990 in 1968 compared with 4,753 in 1967, while the number of female deaths was 5,019 an increase of 379. This is equivalent to 78·9 per cent. of all the male deaths (78·8 in 1967) and 85·1 per cent. of the female deaths (83·5 per cent. in 1967).

International Classification of Causes of Death.—The problem of the statistical treatment of joint causes of death is one that successive international conferences since 1900 have endeavoured to solve. As from 1st January, 1964, a new International Medical Certificate has been in use in Scotland and it soon became apparent that the information which this was expressly designed to solicit was, in a large number of cases, not correctly stated.

Where the information on the certificate is inconsistent with a sequence, or appears incomplete or equivocal, certain selection rules are applied. It should be emphasised, however, that such rules are arbitrary and cannot constitute a successful substitute for a properly completed certificate or certificates where points of doubt have been clarified by reference to the certifier and this the Registrar General is in a position to do.

This Report has so far as possible made use of the Registrar General's analysis of the cause of death as given in his preliminary statement published in March of each year and supplements this, where more detailed information is required, by other statistics compiled by the statistical section of this Department.

The Eighth Revision of the International Statistical Classification of Diseases and Causes of Death, which came into operation for the first time in 1968, has entailed certain changes in nomenclature and classification, the most important of which are as follows :—

Disease	Group Classification	
	From	To
Gastro-enteritis	Digestive Disease	Infective and Parasitic
Diarrhoea of the Newborn	Diseases of Early Infancy	Infective and Parasitic
Pneumonia of the Newborn	Diseases of Early Infancy	Respiratory Disease
Other Infections of the Newborn	Diseases of Early Infancy	A variety of other groups
Vascular Lesions	Diseases of the Nervous System	Diseases of the Circulatory System
Bronchitis (Acute)	Bronchitis	Other Respiratory Disease
Emphysema	Other Respiratory Disease	Bronchitis, Emphysema and Asthma
Asthma	All Other Diseases	

Relative Frequency of the Causes of Death. A comparison is made in the following table of the commonest causes or groups of causes of death which were together responsible for 86 per cent. and over of all deaths in 1968 and 1967 :—

	1968		1967	
	Number	Per cent. of all Causes	Number	Per cent. of all Causes
Heart Disease	3,929	32·15	3,612	31·46
Malignant Neoplasms	2,632	21·54	2,546	22·17
Cerebro-Vascular Disease ...	1,717	14·05	1,791	15·69
Bronchitis	715	5·85	610	5·31
Violence	603	4·93	535	4·66
Pneumonia	592	4·85	420	3·66
Congenital Anomalies and other causes of perinatal mortality	310	2·54	351	3·06
Pulmonary Tuberculosis ...	88	0·72	101	0·88
	<hr/> 10,586	<hr/> 86·63	<hr/> 9,966	<hr/> 86·80

There was no change in 1968 in the relative frequency of the eight main causes of death shown in the above table.

An analysis of the provisional figures of the causes of death for the whole of Scotland shows the first three causes as above but followed by violence, bronchitis, pneumonia, congenital anomalies and pulmonary tuberculosis in that order. Together these eight causes account for 85·9 per cent. of the total deaths compared with the City figure of 86·6. Bronchitis and pneumonia accounted for a higher proportion of the City deaths, 5·85 and 4·85 respectively as against 4·43 and 4·30 for the country as a whole. Pulmonary tuberculosis was not among the first eight causes of death in Scotland in 1968 but is included here for comparison with the City figure ; it accounted for only 0·36 per cent. of all the Scottish deaths compared with 0·72 for Glasgow. In the two major groups heart disease and cerebro-vascular disease, the proportions were lower for the City ; for Scotland the respective figures were 34·04 and 16·23. The proportion of City deaths from malignant disease, 21·54, was higher than that for Scotland, 19·61. Deaths from violent causes formed a higher proportion of the City total, 4·93, than in Scotland as a whole, 4·59. Congenital anomalies and other causes of perinatal mortality accounted for 2·31 per cent. of all the Scottish deaths, a lower proportion than that for the City, 2·54.

CAUSES OF DEATH

The following table is a summary of the causes of death as shown in the Registrar General's provisional return for each year (see Appendix Table VII) arranged in the principal groups according to the revised International Classification adopted in 1968. Owing to the changes which have been made in the classification the figures for 1968 are not strictly comparable with those of the two previous years.

SUMMARY OF DEATH RATES *PER MILLION FROM PRINCIPAL CAUSES

	1968	1967	1966
General Diseases—			
(a) Infective and Parasitic Diseases	77	34	32
(b) Tuberculosis—			
(1) Respiratory	93	105	97
(2) Nonrespiratory	14	9	13
(c) Malignant (cancer, etc.)	2,785	2,651	2,538
Diseases of the Nervous System	†194	1,994	1,998
Diseases of the Circulatory System	†6,399	4,187	4,377
Diseases of the Respiratory System (including Influenza)	1,563	1,141	1,629
Diseases of the Digestive System	362	374	389
Congenital Anomalies and other causes of perinatal mortality	328	365	443
Violence	638	557	606
All other causes	477	537	575
	<hr/> 12,930	<hr/> 11,954	<hr/> 12,697

* The rates have been calculated on the *midyear* population.

† See page 38.

Infective and Parasitic Disease.—Seventy-three deaths were allotted to this group in 1968 compared with 33 in 1967. This apparent increase, however, is due to the inclusion of 37 deaths from enteritis and other diarrhoeal diseases which formerly would have been included elsewhere, some in the digestive diseases group, others such as diarrhoea of the newborn, in “diseases of early infancy.” There was one death from measles (a child under 10 years) and four from meningococcal infection (all under 5 years of age).

Under “Other infective and parasitic disease,” the Registrar General (in his Annual Return) groups typhoid fever, scarlet fever, streptococcal sore throat, diphtheria and acute infectious encephalitis with a variety of other infections, such as infective hepatitis. Scrutiny of the Department's own records (allotting 21 deaths to this miscellaneous group) showed that among others there were four deaths from infective hepatitis, two from virus encephalitis, four from food poisoning and one from paratyphoid fever.

Tuberculosis.—In 1968 the Registrar General allotted 88 deaths to pulmonary tuberculosis, 13 fewer than in 1967. The rate, calculated on the mid-year population, was 93 per million compared with 105 in 1967, the lowest rate so far recorded. The chart on page 219 (based throughout on the Registrar General's figures) compares the death rates from pulmonary tuberculosis for Glasgow and Scotland from 1936 onwards.

The following table compares the mortality for each sex and major age group based on the Registrar General's figures and the respective Census populations of 1951, 1961 and 1966.

PULMONARY TUBERCULOSIS
RATES PER THOUSAND POPULATION IN EACH AGE GROUP

			- 15	- 25	- 35	- 45	- 55	- 65	65 +	All Ages
MALES—										
1950-52	...	...	0.10	0.49	0.75	0.91	1.29	1.86	1.26	0.77
1960-62	...	...	—	—	0.07	0.26	0.41	0.82	1.26	0.28
1965-67	...	...	—	—	0.03	0.11	0.23	0.52	0.86	0.17
FEMALES—										
1950-52	...	...	0.12	1.02	1.07	0.65	0.33	0.30	0.19	0.52
1960-62	...	...	—	—	0.15	0.17	0.12	0.14	0.13	0.09
1965-67	...	...	—	—	0.03	0.12	0.14	0.08	0.12	0.06

In 1968 male deaths (65) formed 74 per cent. of all the deaths from pulmonary tuberculosis, a higher proportion than in 1967 (70 per cent.). All but one were over 25 years of age, 37 of them over 65 years. All the 23 female deaths were over 25 years of age, 12 of them over 65 years.

There were 13 deaths from non-pulmonary tuberculosis, four more than in 1967. All but two were adults (eight men over 35 years, one woman of 56 years and two of 75 years). The two children were a 5 year old girl and a 10 year old boy.

Diseases of the Nervous System.—In 1967 no less than 1,915 deaths were allotted to this group, 1,791 (93.5 per cent.) of which were due to "vascular lesions." Following the new classification adopted in 1968, however, the 1,717 deaths classified as "Cerebrovascular disease" in 1968 are now included in Diseases of the circulatory system. This leaves only 183 deaths from Nervous diseases in 1968 of which 17 were due to meningitis (ten more than in 1967) and 166 to the miscellaneous sub group "other diseases of the nervous system." (117 in 1967).

Diseases of the Circulatory System.—This is the major group of causes of death which under the new classification has been extended to

include deaths from cerebrovascular disease (1,717 in 1968). Excluding these, the total deaths in this group in 1968 were 4,331 or 35·4 per cent. of all causes of death as against 4,022 (35·0 per cent.) in 1967. Degenerative heart disease and arteriosclerotic heart disease, which in 1967 accounted for 3,139 deaths (78·0 per cent. of the deaths in this group) are now combined under the new heading of Ischaemic heart disease. The Registrar General allotted 2,952 deaths to this cause in 1968, distributed as follows according to sex and age :—

		- 25	- 35	- 45	- 55	- 65	- 75	75 +	Total
Males	...	1	4	53	199	473	537	388	1,655
Females	...	—	1	12	43	199	408	634	1,297

One hundred and seventy-five deaths were allotted to chronic rheumatic heart disease in 1968 compared with 153 in 1967. Deaths among females again outnumbered the male deaths, 118 as against 57. All but one of the 175 deaths were over 25 years of age ; 17 were over 75 years. The heaviest mortality is between the ages of 45 and 64.

Hypertensive disease accounted for 211 deaths compared with 234 in 1967 and " other forms of heart disease " 591. In 1967 the deaths allotted to " other diseases of the heart " totalled only 178, and the sharp increase in the 1968 figure is due entirely to changes in the classification.

Diseases of the Respiratory System.—Deaths from respiratory disease increased in number in 1968, 1,477 compared with 1,096 in 1967. The low death rate of 1,141 per million in that year rose in 1968 to 1,563. All three causes in this group contributed to this increase. Pneumonia accounted for 592 deaths, 172 more than in 1967, and the death rate, from 437 in 1967, increased to 626. Included in these figures are the deaths from " pneumonia of the newborn " formerly classified under the heading of " infections of the newborn." Seven hundred and fifteen deaths were allotted to the new category of bronchitis, emphysema and asthma compared with 610 to bronchitis only in 1967. This is equivalent to 48·4 per cent. of the deaths in this group, a much lower proportion than in 1967 (55·6 per cent.). A detailed review of the age, sex and seasonal distribution of the deaths from bronchitis and pneumonia will be found in the Infectious Disease Section, page 214. There were 66 deaths from influenza, 60 more than in 1967. Forty-six of these (15 male and 31 female) were over 65 years of age. A variety of causes in " other respiratory diseases " accounted for 104 deaths compared with 60 in 1967.

Diseases of the Digestive System.—The number of deaths allotted to this group in 1968 was 342, a decrease of 17 from the 1967 total.

The major single cause in 1968 was peptic ulcer with 90 deaths compared with 77 deaths under the heading of "Ulcer of Stomach and Duodenum" in 1967. The rate for 1968 was 95 per million as against 80 in 1967 and 96 in 1966. There were 11 deaths from appendicitis, the same number as in the previous year. Deaths from intestinal obstruction and hernia were fewer in 1968, 53 compared with 71 in 1967. Cirrhosis of the liver was responsible for 67 deaths, only four more than in the previous year. Deaths from gastritis, duodenitis, enteritis and colitis are no longer shown under that heading. Enteritis and colitis are now under the heading of "Enteritis and Other Diarrhoeal Diseases," one of the causes in the infective and parasitic diseases group. Gastritis and duodenitis, and other diseases of the liver, are included under the heading of "Other Digestive Diseases" to which 121 cases were allotted in 1968.

Congenital Anomalies and Other Causes of Perinatal Mortality.—With the exception of deaths from congenital anomalies, all the deaths attributed to this group occur at ages under 1 year and these are discussed in the appropriate section of Maternity and Child Welfare. A large proportion of the deaths from congenital anomalies also occur before 1 year of age (in 1968, 96 of the 118 deaths were in this age group) but the mortality is not confined to this age group and the deaths, though relatively small in number, are widely distributed throughout all the age groups, the over 65's not excepted. The physical handicap of a congenital defect does not apparently curtail the normal lifespan—a fact of some importance in the provision of welfare services for those severely incapacitated by a congenital defect.

The distribution of the deaths from congenital anomalies in 1968 is compared with 1951, 1961 and subsequent years as follows:—

MALES—		-1	-5	-15	-45	-65	65+	All Ages
1951	...	70	7	3	2	1	1	84
1961	...	73	8	7	5	4	3	100
1962	...	79	8	5	11	1	1	105
1963	...	67	10	3	2	4	—	86
1964	...	48	5	1	6	2	1	63
1965	...	57	8	3	6	4	—	78
1966	...	53	5	1	3	2	1	65
1967	...	50	6	5	9	2	1	73
1968	...	48	2	3	6	—	1	60
FEMALES—								
1951	...	55	2	3	3	6	1	70
1961	...	74	5	6	2	4	1	92
1962	...	70	9	7	5	6	—	97
1963	...	65	5	3	3	2	—	78
1964	...	52	6	1	3	1	1	64
1965	...	49	7	4	3	5	—	68
1966	...	52	2	1	6	4	—	65
1967	...	42	5	3	2	5	—	57
1968	...	48	5	1	3	1	—	58

The Registrar General's provisional return for 1968 gives the sex and age distribution of these 118 deaths in three main groups as follows :—

		- 1	- 5	- 15	- 45	- 65	65+	Total
Congenital Malformations of the nervous system and sense Organs ...	M.	9	—	—	—	—	—	9
	F.	19	2	—	—	—	—	21
of the Circulatory System	M.	23	2	2	3	—	—	30
	F.	20	3	1	—	—	—	24
Other forms	M.	16	—	1	3	—	1	21
	F.	9	—	—	3	—	1	13
		96	7	4	9	—	2	118

Malignant Disease.—This major cause of death illustrates very clearly the difficulty in classification discussed in the Annual Report for 1964. It was there pointed out that where a cause of death is stated to be a neoplasm, cyst or tumour without further definition, such additional information as to whether the tumour was malignant or benign is all too often not provided and can be obtained only from the certifier and consequently there is always a difference between the figures in those two groups—the Registrar General showing more malignant tumours and fewer of an undetermined nature than the Medical Officer of Health. This is clearly shown in the following table which compares the deaths in the years 1966, 1967 and 1968 from Malignant and Benign Neoplasms as shown respectively by the Registrar General and this Department :—

	1968		1967		1966	
	R.G.	M.O.H.	R.G.	M.O.H.	R.G.	M.O.H.
Malignant Neoplasms	2,632	2,551	2,546	2,482	2,487	2,398
Benign and Unspecified Neoplasms	14	46	28	78	25	80
	2,646	2,597	2,574	2,560	2,512	2,478

A comparison of the death rates per million for Malignant Disease for certain years from 1951 onwards, as computed on the Registrar General's figures and on those of the Medical Officer of Health, is as follows :—

	R.G.	M.O.H.
1951	2,074	2,002
1961	2,289	2,219
1962	2,401	2,332
1963	2,415	2,366
1964	2,464	2,377
1965	2,617	2,520
1966	2,538	2,447
1967	2,651	2,584
1968	2,632	2,551

The following table (based on this Department's own figures) which relates the deaths from cancer for each sex and in each group shows the higher proportion of deaths from cancer among males and the tendency of this proportion to increase, while that for females has remained relatively stationary.

DEATHS FROM CANCER AS A PERCENTAGE OF DEATHS FROM ALL CAUSES
FOR EACH SEX AND IN EACH AGE GROUP

		-15	-25	-35	-45	-55	-65	-75	75+	All Ages
MALES—										
1930/32	...	0.17	1.83	2.78	6.80	12.79	17.95	15.38	8.12	8.73
1950/52	...	1.38	6.93	12.76	16.76	22.07	22.24	18.34	11.96	16.10
1960/62	...	1.67	10.88	14.65	19.94	25.22	27.11	21.28	13.62	19.34
1967	...	2.26	10.14	13.95	18.54	26.51	30.84	28.42	17.45	23.78
1968	...	3.40	6.33	15.38	23.61	26.91	31.30	25.24	16.22	22.53
FEMALES—										
1930/32	...	0.12	0.65	3.91	11.76	21.41	21.69	15.31	8.19	10.24
1950/52	...	0.98	3.43	8.94	22.76	27.05	25.02	17.36	9.24	15.11
1960/62	...	2.28	5.61	19.83	28.35	36.58	25.11	17.20	10.97	16.51
1967	...	1.54	17.86	24.24	27.59	39.48	30.73	21.07	12.30	19.22
1968	...	1.17	16.00	24.56	35.82	38.08	29.96	21.49	11.43	18.78

The sex ratio of the deaths from cancer is shown from 1941 onwards in the following table :—

RATIO : MALES TO 100 FEMALES

1941	...	103	1964	...	132
1951	...	113	1965	...	125
1961	...	131	1966	...	132
1962	...	132	1967	...	137
1963	...	145	1968	...	130

In 1968 this male preponderance was present in all the age groups except between 25 and 34 and 75 years and over. It was particularly noticeable in the age groups under 15 and 55 to 65 years in which there were 471 male to 246 female deaths. This male preponderance is shown in the following table (compiled from this Department's figures) :—

MALE DEATHS AS A RATIO OF 100 FEMALE DEATHS :

		-15	-25	-35	-45	-55	-65	-75	75+	All Ages
1930-32	...	114	271	60	66	76	102	111	68	92
1950-52	...	180	150	120	83	126	123	118	106	116
1960-62	...	96	350	96	104	115	193	140	90	132
1965	...	100	150	60	94	118	161	134	95	125
1966	...	143	88	229	86	106	192	143	91	132
1967	...	200	140	150	95	109	184	154	93	137
1968	...	133	125	86	106	100	191	141	86	130

In the age period 45 to 55 there occurs in both sexes a sharp rise in the number of deaths from cancer. The table on page 46 shows the heaviest mortality in males to be between the ages of 55 and 75, and in the females at ages over 65 years. In 1968 65·7 per cent. of all the male deaths occurred between the ages of 55 and 75 and 17·8 at ages 75 and over. In 1967 the respective ratios were 66·5 per cent. and 18·6 per cent. In females the proportion in the lower age group was 52·6 per cent., a decrease from the previous year's figure (54·2). At ages over 75, however, the proportion was 27·1 per cent., very similar to that of 1967 (27·3).

The following table shows the age distribution as a percentage of the total cancer deaths in each sex in 1968 (departmental figures).

1968	- 15	- 25	- 35	- 45	- 55	- 65	- 75	75 +	All Ages
Males ...	0·9	0·4	0·8	3·5	10·8	32·6	33·1	17·6	100·0
Females	0·3	0·4	1·3	4·3	14·0	22·2	30·5	27·0	100·0

The Registrar General in his provisional return for 1968 attributed 2,632 deaths to malignant disease, 86 more than in 1967. Of this total 1,487 were males (17 more than in 1967) and 1,145 females (69 more than in 1967). The following table shows the principal sites of the disease and compares the 1968 figures with those of 1967 and 1966.

<i>Malignant Neoplasms—</i>						1968	1967	1966	
of the stomach	...	...	...	...	M.	156	162	183
					F.	127	141	115	
of trachea, bronchus and lung				...	M.	741	721	654	
					F.	155	140	143	
of breast	...	...	...	...	M.	1	2	—
					F.	199	160	178	
of cervix uteri	...	...	...	...	M.	—	—	—
					F.	63	55	57	
of lymphatic and haematopoietic tissues					M.	65	62	52	
					F.	51	64	66	
of all other sites	...	...	...	...	M.	524	523	539
					F.	550	516	500	
<i>All Forms</i>						M.	1,487	1,470	1,428
						F.	1,145	1,076	1,059
<i>Grand total</i>							2,632	2,546	2,487

These figures should be compared with the following which have been obtained from the analysis of cancer deaths carried out by the

Statistical Section of this Department. Of the male 1,443 deaths attributed to cancer in 1968, 722 or 50·3 per cent. were attributed to cancer of the respiratory organs, the corresponding percentage of the female deaths being only 13·5 per cent. The trend of this form of cancer is clearly shown in the following table which compares the male and female deaths from cancer of the respiratory and the digestive organs over a period of some years :—

		Average			1966	1967	1968
		1932/41	1942/51	1952/61			
MALES—							
Respiratory Organs	...	96	244	518	627	709	722
Digestive Organs	...	491	554	483	431	425	496
FEMALES—							
Respiratory Organs	...	38	69	100	132	138	150
Digestive Organs	...	429	473	453	401	404	390

In 152 of the 406 male and 117 of the 390 female deaths from cancer of the digestive organs, the site of the disease was located in the stomach and small intestine. This is a decrease of 31 from the 1967 figure of 165 male and 135 female deaths. The deaths from cancer of this site in 1968 are compared as follows, with the average for each of the three preceding ten-year periods :—

DEATHS FROM CANCER OF THE STOMACH AND INTESTINE

				Average			1966	1967	1967
				1932/41	1942/51	1952/61			
Males	...	...	...	190	219	201	180	165	152
Females	...	...	...	161	179	174	113	135	117

Deaths from cancer of the rectum showed another increase, 112 compared with 102 in 1967. The male deaths numbered 71 as against 41 female deaths. There were 15 fewer deaths from cancer of the liver and biliary passages, 33 as against 48 in 1967 and of these 21 were female. There were more deaths from cancer of the pancreas, 98 as against 91 in 1967 and of these 54 were males and 44 females. The subgroup " Other Digestive Organs " accounted for 215 deaths, two less than in 1967. Cancer of the large intestine, usually included in " Other Digestive Organs," is responsible for most of the deaths in this group.

Deaths from cancer of the buccal cavity and the pharynx were 43, four fewer than in 1967. There were 21 male and 22 female deaths. Male deaths from cancer of this site have shown a marked decline since the 1930's.

DEATHS FROM CANCER OF THE BUCCAL CAVITY AND PHARYNX

				Average					
				1932/41	1942/51	1952/61	1966	1967	1968
Males	...	...	...	70	57	36	23	32	21
Females	...	...	...	11	13	15	15	15	22

Deaths from cancer of the breast, which, after cancer of the stomach, is the most common form of death from cancer in the female, increased from 163 in 1967 to 200 in 1968. Of this number, nineteen were under 45 years. Eighty-six were over 65. There was one male death from this form of cancer.

There were fewer deaths from cancer of the lymphatic and haematopoietic tissues in 1968, 113 compared with 125 in 1967 and 118 in 1966. There were 65 male deaths and 48 female. Of this total of 113 nine were under 15 years of age.

Most of the deaths in this group are due to leukaemia, a form of cancer which has attracted some attention in recent years owing to the fact that a larger proportion of the cases than in other kinds of malignant disease occur in children. Since 1951, deaths from leukaemia have varied between 34 and 40 a year. In 1968 there were 46 deaths compared with 51 in 1967. Of these 46 deaths (26 male and 20 female), four were under five years of age, one more than in 1967. The distribution throughout the age groups is shown as follows for 1968 and the seven previous years :—

	—1	—2	—5	—20	—45	—55	—65	—75	75+	All Ages
1961 ...	—	1	5	3	4	1	13	8	9	44
1962 ...	1	1	—	4	7	1	6	8	5	33
1963 ...	—	1	3	6	3	8	7	10	11	49
1964 ...	—	—	4	2	7	6	12	12	7	50
1965 ...	—	1	2	3	4	8	9	11	10	48
1966 ...	—	1	4	6	10	6	6	12	8	53
1967 ...	—	—	3	4	8	2	14	12	8	51
1968 ...	—	1	3	5	2	10	8	11	6	46

Details of the age and sex distribution of cancer with respect to the site of this disease are given in the table on the next page. The totals of both sexes for certain earlier years are shown for comparison.

GLASGOW, 1968--DEATHS FROM CANCER IN THE DIFFERENT SITES AS GIVEN IN THE INTERNATIONAL LIST OF CAUSES OF DEATH.
(as compiled in this Department.)

SITE OF LESION	MALES										FEMALES										Both Sexes	
																					Both Sexes	
	-15	-25	-35	-45	-55	-65	-75	75+	Total	-15	-25	-35	-45	-55	-65	-75	75+	Total	1968	1967	All ages 1957 1947	
Buccal Cavity and Pharynx	—	—	—	—	1	8	5	7	21	—	—	—	—	2	8	8	4	22	43	47	44 73	
Digestive Organs and Peritoneum—	—	—	—	—	3	12	13	5	33	—	—	—	1	4	4	10	11	30	63	62	69 74	
(a) Oesophagus	—	—	—	—	16	45	49	34	152	—	—	1	1	4	22	40	49	117	269	300	398 411	
(b) Stomach and small Intestine including	—	—	—	—	8	22	24	17	71	—	—	—	2	2	11	13	13	41	112	102	105 154	
(c) Duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(d) Liver and Biliary Passage	—	—	—	—	3	4	4	1	12	—	—	—	—	2	7	7	5	21	23	48	61 71	
(e) Pancreas	—	—	—	—	6	22	16	10	54	—	—	—	—	1	8	18	17	44	98	91	81 54	
(f) Peritoneum	—	—	—	—	—	1	1	—	2	—	—	—	—	—	1	3	—	4	6	9	6 8	
(g) Other Digestive Organs	—	—	—	—	3	5	21	31	82	—	—	1	4	9	18	55	46	133	215	217	247 287	
Respiratory Organs ...	—	—	—	—	26	79	261	254	722	—	—	3	9	30	31	43	34	150	872	847	619 320	
Uterus	—	—	—	—	—	—	—	—	—	—	—	1	8	21	22	20	12	84	84	76	75 111	
Other Female Genital Organs	—	—	—	—	—	—	—	—	—	—	—	—	2	14	26	29	13	84	84	67	79 49	
Breast	—	—	—	—	—	—	—	—	—	—	—	5	14	42	52	40	46	199	200	163	203 141	
Male Genito-Urinary Organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	51	56	68 72	
Skin	—	—	—	—	2	2	—	1	6	—	—	—	2	2	2	2	4	12	18	17	18 21	
Lymphatic and Haema- topoietic Tissues ...	7	1	3	6	12	14	14	8	65	2	3	1	1	7	8	12	14	48	113	125	98 179	
Other or Unspecified Organs	6	2	2	4	18	52	55	32	171	1	1	2	4	15	26	38	32	119	290	255	189	
Totals	13	5	12	51	155	471	478	258	1,443	3	4	14	48	155	246	338	300	1,108	2,551	2,482	2,360 2,005	

Deaths from Violence.—In 1968 Violent Causes again ranked fifth as a major cause of death in Glasgow, the Registrar General in his provisional return allotting 603 deaths to this group. This is an increase on the two previous years' totals 535 in 1967 and 594 in 1966, and equivalent to 20·7 per cent. of all the Scottish deaths from Violent Causes, a larger proportion than in the two previous years (19·5 and 20·2). The death-rate was 638 per million as against 557 in 1967.

The following table shows the sex and age distribution of the deaths allotted to this group by the Registrar General in 1951 and from 1961 to date :—

Year	Males						Females					
	- 5	- 15	- 45	- 65	65 +	Total	- 5	- 15	- 45	- 65	65 +	Total
1951	40	38	86	84	84	332	35	9	28	35	99	206
1961	26	26	121	123	83	379	22	10	21	38	114	205
1962	31	29	133	147	91	431	20	10	40	58	114	242
1963	41	32	132	142	83	430	28	4	49	58	116	255
1964	36	33	100	134	104	407	28	12	48	53	120	261
1965	40	24	131	131	99	425	14	12	38	50	115	229
1966	34	25	137	122	71	389	19	10	39	49	88	205
1967	26	25	126	91	76	344	22	11	24	38	96	191
1968	50	28	126	104	83	391	22	9	40	52	89	212

The increase was common to both sexes. Male deaths increased from 344 in 1967 to 391 in 1978 and female deaths from 191 to 212. The male predominance which prevails in this group of causes of death was apparent in each age group under 65 years. Over 65 years female deaths totalled 89 compared with 83 male deaths.

A full analysis of the various causes of accidental death is provided by the Registrar General in his Annual Reports. The Report for 1968 will not, however, be published till later this year and the only information available therefore is that given in the Registrar's provisional return as follows, with those of 1967 and 1966 for comparison :—

Number of deaths from—					1968	1967	1966
Motor Vehicle Accidents	...	...	...	...	163	151	165
Other Road Vehicle Accidents	...	...	...	...	—	—	2
Accidents in the Home	...	...	...	...	214	163	193
Other Violence (BE 50)	...	...	...	...	176	149	146
Suicide and Self-inflicted Injury	...	...	...	...	50	71	88
					603	535	594

These figures may be compared with those supplied by the Statistical Section of this Department, an analysis of which according to sex, age and type of accident is shown on page 50. A discussion of the latter now follows.

In 1968, Inhalation and Ingestion of food accounted for 19 of the 42 accidental deaths under one year of age (45 per cent.) and accidental mechanical suffocation (i.e. by blankets, pillow or overlaying) for other 13 (31 per cent.). In the age group 1-5 years accidents involving motor vehicles accounted for 6 of the 32 deaths in this age group. Details are given elsewhere in this Report (in Section III—Maternity and Child Welfare, at pages 56 and 60) of the deaths of infants and toddlers as a result of accidents in the home. In addition, this same section contains analyses of all accident cases treated by the City hospitals and of burning and scalding accidents in children under 15 years of age.

Burning and scalding accidents in school children aged 5 to 10 years are also investigated by the School Health Visitors and a full report on these will be found in Section IV at page 130.

The usual marked disproportion between the male and female deaths in the age group 5 to 10 years was again apparent in 1968 when all but four of the 22 deaths were male. Six of the male deaths were due to motor vehicle accidents, three to drowning and one to burns. There was one death due to assault and seven from other and unspecified accidents.

Motor vehicle accidents accounted for only one of the four female deaths in this age group, one was poisoned, one died from burns and in the other the nature of the accident was not specified.

At ages over 65 years female deaths preponderate. In 1968 however the 157 deaths in this age group were almost equally divided—78 males and 79 females. This is equivalent to 20 per cent. of the male deaths and 39 per cent. of the female deaths from Violent Causes. The respective figures for 1967 were 21 per cent. and 51 per cent.

An analysis of the deaths *at ages 65 years and over* shows the following distribution of common causes of deaths from violence compared with the 72 male and 95 female deaths in 1967 :—

PERCENTAGE OF TOTAL DEATHS FROM VIOLENT CAUSES
AT AGES OVER 65 YEARS

	Males		Females	
	1968	1967	1968	1967
Falls	30.7	25.0	55.7	48.4
Road Accidents	14.1	25.0	13.9	12.6
Poisoning (Gas and Drugs)	7.7	8.3	6.3	9.5
Drowning	6.4	4.2	—	2.1
Burns	10.3	8.3	8.9	5.3
Suicide	1.3	1.4	2.5	—
Other Violence (including Homicide)	7.7	11.1	5.1	6.3
Unspecified	21.8	16.7	7.6	15.8
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>

In many cases only the nature of the injury is given in the death certificate and no information is available regarding the cause of the accident. Fracture of the femur for instance, particularly in an elderly woman, is nearly always the result of a fall. Falls are by far the most common type of accident in persons over 65 years—especially so among women. In 1968, 24 male and 44 female deaths were attributed to a fall compared with 18 male and 46 female in 1967.

There were more deaths from burning accidents in this age group in 1968, 15 as against 11 in 1967, the male deaths being only one more than the female.

Deaths from accidental poisoning by coal gas, or carbon monoxide were fewer than in 1967, the eight deaths being equally divided between the sexes. Accidental poisoning by drugs accounted for three deaths (two male and one female).

The number of deaths, which for lack of sufficient information, could not be assigned to any one type of accident, was 23 (17 male and 6 female).

Home Accidents.—The Registrar General now classifies certain deaths as home accidents and in his 1968 Return shows 214 deaths at all ages in this category. This may be compared with those of the previous years from 1964 to date, as follows :—

		1964	1965	1966	1967	1968
Males	...	134	142	105	81	116
Females	...	132	113	88	82	98
Total	...	<u>266</u>	<u>255</u>	<u>193</u>	<u>163</u>	<u>214</u>

This total of 214 is the equivalent of 35·5 per cent. of all the deaths from Violent Causes, higher than the Scottish rate of 31·2 per cent.

The proportion of all female deaths from Violent Causes due to an accident in the home was 46·2 compared with only 29·7 in males. The rates for Scotland were 43·4 and 23·2 per cent. respectively.

Eighty-three (38·8 per cent.) of the deaths from home accidents were at ages 65 years and over, the proportion being much higher in the females—45·9 per cent. as against 32·8 per cent. in the males.

Road Accidents.—Road traffic which is always a hazard for old people was responsible in 1968 (according to the Registrar General) for 31 deaths (18 male and 13 female) of persons aged 65 and over. That is to say only 15 per cent. of all male deaths from road accidents were aged 65 years and over, compared with 29 per cent. of the female deaths.

SEX AND AGE DISTRIBUTION OF DEATHS FROM VIOLENT CAUSES
1968, COMPARED WITH THE TOTALS FOR 1967 AND 1966

Long Code Number									Total All Ages		
			-1	-5	-15	-45	-65	65+	1968	1967	1966
800-807	Railway and other Train acci- dent	M.	—	—	—	2	—	1	3	2	6
		F.	—	—	—	—	—	—	—	—	1
810-823	Motor Vehicle Accident ...	M.	—	6	9	29	14	11	69	69	79
		F.	—	1	4	6	9	11	31	32	48
850-869	Accidental Poisoning by Drugs, etc.	M.	—	—	—	6	7	2	15	14	25
		F.	—	—	1	9	15	1	26	23	37
870-877	Accidental Poisoning by Gases and Vapours	M.	1	—	1	2	13	4	21	18	31
		F.	—	—	—	3	1	4	8	9	9
880-887	Accidental Falls ...	M.	1	1	—	5	4	24	35	43	49
		F.	—	2	—	1	4	44	51	51	44
890-899 and 924,	Burns and Scalds (including Asphyxia due to fire)	M.	1	4	1	13	8	8	35	19	25
		F.	1	—	1	6	8	7	23	13	26
911, 912	Inhalation and Ingestion of food, etc.	M.	14	—	—	2	5	3	24	13	13
		F.	5	2	—	1	—	1	9	11	9
913	Accidental Mechanical Suffo- cation	M.	9	—	—	2	1	—	12	8	8
		F.	4	—	—	—	—	1	5	1	3
Part 904	Lack of care of infants under 1 year	M.	2	—	—	—	—	—	2	—	4
		F.	1	—	—	—	—	—	1	1	—
910	Accidental Drowning ...	M.	—	1	5	10	11	5	32	39	41
		F.	—	2	—	1	2	—	5	5	6
Remainder of 825-989	Other accidental and unspeci- fied violent causes	M.	2	6	11	44	36	17	116	94	85
		F.	—	5	3	7	10	6	31	30	19
950-959	Suicide ...	M.	—	—	—	3	4	1	8	11	9
		F.	—	—	—	1	2	2	5	—	1
960-969 990-999	Homicide and Operations of War	M.	1	1	1	5	1	2	11	15	11
		F.	—	1	—	4	—	2	7	10	3
	Totals ...	M.	31	19	28	123	104	78	383	336	386
		F.	11	13	9	39	51	79	202	185	206
	Grand Totals 1968 ...		42	32	37	162	155	157	585	—	—
		1967 ...	23	24	36	146	125	167	—	521	—
		1966 ...	24	30	33	180	171	154	—	—	592

SECTION III

MATERNITY AND CHILD WELFARE

During 1968, the infant mortality rate showed a slight rise to 26·2, following the record low figure of 24·5 in 1967. No definite factor to which this rise could be attributed has been identified.

The number of live births during 1968 was 18,816 (19,332 in 1967) and of still-births 322 (361 in 1967), giving a total of 19,138. The number of infant deaths was 494 as compared with 474 in 1967. Of these 494 deaths, 246 occurred under 1 week of age.

As in previous years, the necessity to improve the standard of nutrition of young children in many families in the City has been a major concern, occupying much of the time and effort of medical officers, health visitors and dietitians. The number of cases of rickets reported from the Royal Hospital for Sick Children during 1968 was 11.

During 1968, several members of the Maternity and Child Welfare medical staff have attended the following post-graduate courses of training :—

- Developmental Paediatrics (2)
- Mental Deficiency (2)
- Dr. Griffiths Course (basic) (1)
- Dr. Griffiths Course (extended) (2)
- Family Planning Course (4)

The staff are very appreciative of the opportunities given to them for in-service training and make full use of the additional knowledge and skill gained through such training in their Child Welfare Clinics.

Early in 1968 the new Child Welfare Clinic for Carntyne area was opened, replacing the mobile clinic which had served that area for many years. This has made possible considerable expansion of the services provided, especially mothercraft and preparatory classes for the expectant mother, and cervical cytology.

In several of the Child Welfare Clinics, special sessions are now held for routine examination of toddlers with emphasis on development and on the ascertainment of possible handicap. These examinations are by appointment and it is hoped to extend this to other clinics in the near future.

At the assessment and development centres at Balvicar Street and Glenfarg Street the volume of work has expanded to such an extent that a second medical officer is now attached part-time to each centre. It is essential that the young child should be referred as early as possible, in order to obtain the maximum benefit from the highly skilled and specialised advice and supervision available.

The special nurseries for young handicapped children at Broomhill and Balvicar Centres have again been fully used throughout the year. There is a waiting list for each nursery (especially for Broomhill) and children referred for admission are assessed in the majority of cases at the assessment centres to decide if they are suitable for admission. Further expansion of special nursery facilities is urgently required in order that children may be admitted without delay. The marked improvement in attainment of the majority of the children in these two nurseries amply justifies the request for additional nurseries of this type.

In the health visitor staff, some changes have taken place during 1968. In June the maternity and child welfare and the tuberculosis health visitor staffs were combined and now undertake the full range of duties.

Attachment of health visitors to general practice, which began at the end of 1967, has been increased and by the end of 1968 three health visitors were working with general practitioners. Several more group practices have expressed interest but until more staff are available it may not be possible to arrange further attachments.

In order to prepare for the anticipated opening of Family Planning Clinics by the Local Authority in the near future, four medical officers and 18 health visitors attended the training course organised by the Family Planning Association in Glasgow.

MATERNAL DEATHS

In attendance at the antenatal clinics were 3,064 patients whose pregnancy (excluding abortions) terminated in 1968. There was one death among these in 1968. This was the only death registered in the City as a whole and the rate was 0.05 per 1,000 (live and still) births compared with 0.30 in 1967.

The following table, based on figures supplied by the Registrar General, compares the rates from each cause for the *whole City* with those of the previous years.

STATEMENT SHOWING MATERNAL DEATHS AND RATES PER 1,000 BIRTHS
IN GLASGOW AND SCOTLAND IN THE YEARS 1964-68

	Deaths					Rate per 1,000 (live and still) Births				
	1964	1965	1966	1967	1968	1964	1965	1966	1967	1968
Accidents of Pregnancy	2	4	1	1	1	0.09	0.19	0.05	0.05	0.05
Puerperal Haemorrhage	1	1	—	1	—	0.04	0.05	—	0.05	—
Puerperal Septicaemia, including Post-abortive Sepsis	1	2	1	—	—	0.04	0.09	0.05	—	—
Toxaemia of Pregnancy, Albuminuria, Convulsions	1	5	1	1	—	0.04	0.23	0.05	0.05	—
Other Puerperal Diseases	2	2	—	3	—	0.09	0.09	—	0.15	—
Totals— Glasgow ...	7	14	3	5	1	0.30	0.65	0.15	0.30	0.05
Scotland ...	24	38	24	22	13	0.22	0.37	0.24	0.22	0.14

INFANT MORTALITY

The number of infant deaths increased in 1968, from 474 in 1967 to 494. This increase, in conjunction with the decrease in the number of births registered, resulted in a rise in the infant mortality rate, from 24.5 per 1,000 births in 1967 to 26.2.

The increase was largely confined to the male infants, whose total 291, was 23 more than in 1967. The mortality rate for male infants was 29.9 per 1,000 (male) births compared with 26.7 in the previous year.

The number of female infant deaths, 203, was only three fewer than in 1967 and there was little change in the mortality rate, 22.4 per 1,000 (female) births as against 22.1 in 1967.

Infant Mortality in Wards.—This increase in the infant death rate was observed in all but 14 wards. In two of these, Cowlares (22) and Partick West (14) the rate remained unchanged from the previous year. Fourteen wards had higher rates than that of the City as a whole, among them Dalmarnock (52 as against 22 in 1967), Exchange (51 as against 21), Cowcaddens (42 as against 19) and Hutchesontown (41 as against 10). Only two wards, Springburn and Fairfield had the same rate as that of the City (26). The lowest rate was that of Pollokshields (12). Other wards with low rates were Partick West (14) and Yoker (15). All three wards, Parkhead, Park and Whiteinch had a rate of 16.

Cause of Death.—The rates shown in the two tables which follow have been calculated on the deaths given by the *Registrar General* in his Annual Returns. The rates for 1968 are not strictly comparable with those of the previous years as certain changes in classification have had effect on four groups, Diseases of Early Infancy, Respiratory Diseases, Digestive Diseases and Infectious Diseases. Diarrhoea of the Newborn and Pneumonia of the Newborn, hitherto included in “Infections of the Newborn”, have now been allotted to other groups. “Diarrhoea of the Newborn” (under the heading “Enteritis and other Diarrhoeal Diseases”), is now included in the Infectious Diseases group and Pneumonia in the appropriate age group in “Diseases of the Respiratory System”.

These changes are more apparent in Appendix Table X which gives the various causes of death in more detail.

MALES					Rate per 1,000 Births				
<i>Causes of Death</i>					1964	1965	1966	1967	1968
Congenital Anomalies	...	...	...	...	4.1	5.3	5.2	5.0	4.9
Diseases of Early Infancy	...	...	...	...	18.6	15.7	17.7	12.6	11.8
Diseases of Respiratory System	...	...	...	...	5.3	4.6	5.5	5.4	5.8
Diseases of Digestive System	...	...	...	...	1.5	1.2	1.3	1.1	0.5
Diseases of Nervous System	...	...	...	...	0.9	0.6	0.1	0.2	0.9
Tuberculosis	...	...	...	...	—	—	—	0.1	—
Infectious Disease	...	...	...	...	0.5	0.1	0.7	0.7	2.1
Violence	...	...	...	...	1.7	1.9	1.5	1.2	3.2
All other Causes	...	...	...	...	0.5	0.6	0.8	0.4	0.7
All Causes	...	...	...	...	<u>33.1</u>	<u>30.0</u>	<u>32.8</u>	<u>26.7</u>	<u>29.9</u>

FEMALES					Rate per 1,000 Births				
<i>Causes of Death</i>					1964	1965	1966	1967	1968
Congenital Anomalies	...	...	...	...	4.8	4.8	5.4	4.5	5.3
Diseases of Early Infancy	...	...	...	...	10.8	13.1	12.8	10.1	8.5
Diseases of Respiratory System	...	...	...	...	4.0	4.3	4.7	3.5	4.3
Diseases of Digestive System	...	...	...	...	1.6	1.1	1.5	1.3	0.4
Diseases of Nervous System	...	...	...	...	0.8	0.8	0.3	0.4	0.1
Tuberculosis	...	...	...	...	—	—	—	—	—
Infectious Disease	...	...	...	...	0.5	0.4	0.5	0.6	1.9
Violence	...	...	...	...	1.1	0.7	0.9	1.3	1.0
All other Causes	...	...	...	...	0.2	1.0	1.4	0.4	0.9
All Causes	...	...	...	...	<u>23.8</u>	<u>26.2</u>	<u>27.5</u>	<u>22.1</u>	<u>22.4</u>

Diseases of Early Infancy are still the principal cause of death in this age group, accounting for 192 deaths in 1968. In 1967 the total was 221, but this included 24 deaths from Infections of the Newborn. Congenital Anomalies, the second major cause of infant death, was responsible for 96 deaths, four more than in 1967. This group, together with Diseases of Early Infancy accounted for 288 deaths (163 male and 125 female), 25 fewer than in the previous year. This total is equivalent to 58·3 per cent. of all the infant deaths. There were 48 male deaths from congenital anomalies (two less than in 1967) and the same number of female deaths (6 more than in 1967). Of 115 male deaths from Diseases of Early Infancy, 78 were attributed to the sub group "Birth injuries, difficult labour, etc.", as were also 51 of the 77 female deaths. Thirty-seven male and 26 female deaths were classified as due to "Other causes of perinatal mortality".

There was a slight increase in deaths from Respiratory Disease, (96 as against 87 in 1968) but this can be attributed to the inclusion, for the first time in this group, of deaths from Pneumonia of the Newborn since of the 44 male and 29 female deaths due to pneumonia, nine were in the age group under 4 weeks. There were 2 deaths of females from Influenza,

Changes in classification have also affected the figures for bronchitis. In its *chronic* or unspecified form it now appears under the heading "Bronchitis, emphysema and asthma", while the *acute* form (to which children in this age group are subject) is now included in the group "Other Respiratory Diseases". The transfer between the two categories is clearly shown in the figures for 1968 and 1967 :—

	1967	1968
Bronchitis	18	—
Other respiratory diseases ...	1	21

There was an apparent reduction in deaths from Digestive Disease, 9 as against 23 in 1967. This however is due to the exclusion from this group of deaths from "Enteritis and colitis". These are now included under the new heading of "Enteritis and other diarrhoeal diseases", to which 29 deaths (16 male and 13 female) were allotted in 1968.

The ten deaths from Diseases of the Nervous System were only four more than in the previous year and all but one were male infants.

There were no deaths from Tuberculosis.

The transfer to the Infectious Disease *group* of deaths from "Enteritis and other Diarrhoeal Diseases" (29 in 1968) is responsible

for the sharp rise in the total, 37 as against 13 in 1968. Of the remainder, two were due to meningococcal infection and six (2 male and 4 female) to the group "Other Infective and Parasitic Disease".

Violence (mostly accidental) is the third major cause of death of children in this age group. In 1968, 40 deaths were assigned to this cause, 16 more than in 1967. There was a marked preponderance of male deaths, 31 as against 9 female, and all but 5 were less than six months old. Thirty-two deaths (23 male and 9 female) were due to accidental asphyxia, 19 of these resulting from the inhalation of vomit or regurgitation of food. House fires were responsible for the death of two infants, one child died from a fall on stairs, and another from gas poisoning. A two-month old infant was the victim of assault and three babies died from "inattention at birth".

Neonatal Mortality.—There was a decrease of 11 in the number of neonatal deaths in 1968 (291) and a further reduction in the mortality rate, from 15.62 in 1967 to 15.46. This is the lowest rate yet recorded for the City but is still above the rate for Scotland as a whole, which at 13.3, is the lowest Scottish rate ever recorded. The reduction in the rate since 1951 is shown in the table on page 59.

This decrease was more noticeable in the female infants, among whom there were 125 deaths, 8 fewer than in 1967 and the female death rate fell again, from 14.27 in 1967 to 13.78. The 166 male deaths were only 3 fewer than in the previous year but related to fewer male births than in 1967, and the mortality rate therefore rose, from 16.87 to 17.03 in 1968.

The following table, based on the Registrar General's figures shows the rate per 1,000 births for each sex for four main causes of death in this age group, from 1964 to date :—

		1964	1965	1966	1967			1968
Congenital Malformations...	M	3.02	2.89	3.23	3.69	Congenital Anomalies	M	3.08
	F	2.95	3.06	2.93	3.54		F	3.42
Birth injuries, Postnatal ... Asphyxia and Atelectasis	M	11.85	8.77	11.27	7.39	Birth injuries, difficult labour and other anoxic and hypoxic conditions	M	8.0
	F	6.64	7.60	7.84	6.23		F	5.62
Infections of the Newborn	M	1.39	1.68	2.06	1.50	not so classified in 1968	—	
	F	0.64	0.89	1.05	0.97			
Other diseases peculiar to early infancy and immaturity unqualified ...	M	5.02	4.95	4.02	3.59	Other causes of perinatal mortality.	M	3.80
	F	3.23	4.34	3.45	2.68		F	2.87

ILLEGITIMATE MORTALITY

From 1st January, 1965, legitimacy ceased to be stated on the returns received from the local registrars and the information available to the Department is provided by the Registrar General.

In 1968 it appears that 81 of the 494 infant deaths were illegitimate. The number of illegitimate births in 1968 was 1,964 one hundred and eleven more than in 1967 and the illegitimate mortality rate therefore was 41·24. In 1967, the rate was 23·74.

Among the 16,852 legitimate births there were 413 deaths, representing a rate of 24·51 as against 24·60 in 1967.

PREMATURE BIRTHS

During 1968 the incidence of prematurity showed a continuing decrease from previous years.

Of the 322 stillbirths, 193 were premature (60 per cent). Of the 18,816 live births, 1,462 were premature (7·8 per cent.) and 81 of these died within 24 hours of birth.

A special analysis of prematurity has been made and the table on the next page shows the figures for 1968.

PREMATURE LIVE BIRTHS

Weight at Birth	Born at home or in a private maternity home										PREMATURE STILLBIRTHS		
	Born in Hospital					Nursed entirely at home or in a private maternity home					Transferred to hospital on or before 28th day		
	Died					Died					Died		
	Total Births	Within 24 hours of Birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hours of Birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Born
2 lb. 3 oz. or less (1)	45	22	12	5	8	—	1	—	2	—	2	—	33
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. (2)	101	33	16	2	9	1	—	—	—	—	—	—	50
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (3)	254	8	17	—	11	—	—	—	3	—	—	—	44
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (4)	278	7	15	5	16	—	—	—	3	—	—	1	34
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (5)	659	3	4	1	68	—	—	—	4	—	—	—	18
Weight not known ...	—	6	—	—	—	—	—	—	1	1	—	—	—
Total	1,337	79	64	13	112	1	1	—	13	1	2	1	179

(1) $\approx 1,000$ g. or less. (2) $\approx 1,001$ —1,500 g. (3) $\approx 1,501$ —2,000 g. (4) $\approx 2,001$ —2,250 g. (5) $\approx 2,251$ —2,500 g.

Note:—In this table births in private maternity homes have been linked with births at home because private maternity homes are not usually equipped for the care of premature babies.

STILLBIRTHS

The number of stillbirths registered in the City in 1968 was 363, but after correction for usual residence this figure was reduced to 322, thirty-nine fewer than in 1967. The rate per 1,000 live and stillbirths fell again, from 18·3 in 1967 to 16·8, so continuing the steady decline shown in the table below.

The rate for Scotland, 15·8 in 1967 was reduced still further in 1968 to 14·8, the lowest rate ever recorded in Scotland.

Stillbirths in Wards.—Only 14 wards had rates higher than that of the City as a whole, 17 had lower rates and six wards had the same rate as the City. Yoker had the highest rate (30) followed by Dalmarnock (28), Parkhead (25) and 24 in both Cowcaddens and Craigton. The lowest rate was that of Whiteinch (3). Other low rates were those of Gorbals (7), Kelvinside (7) and Exchange (8). The ward distribution of stillbirths and the ward rates for 1967 and 1968 are shown in Appendix Table IX.

The following table shows the trend in the stillbirth and infant mortality rates in the past eighteen years.

			Infant Mortality Rate per 1,000 live Births	Still- Births Rate per 1,000 total Births	Neo-natal Mortality Rate per 1,000 live Births	Perinatal Mortality Rate per 1,000 Total Births	Mortality 1-12 Months Rate per 1,000 live Births
1951	...	...	46	28·1	25·9	47·9	20·0
1952	...	...	41	27·4	24·1	45·8	16·7
1953	...	...	36	26·5	22·2	44·3	13·5
1954	...	...	35	29·4	21·5	47·1	13·6
1955	...	...	36	26·8	22·7	45·6	13·6
1956	...	...	33	25·6	20·8	43·0	12·1
1957	...	...	34·5	26·1	23·0	44·0	11·5
1958	...	...	35·1	25·5	23·2	45·0	12·0
1959	...	...	35·4	26·4	23·9	45·5	11·5
1960	...	...	32·2	24·2	21·4	41·8	10·8
1961	...	...	30·8	23·3	20·6	41·0	10·2
1962	...	...	32·4	22·2	21·1	39·3	11·3
1963	...	...	31·9	21·3	19·2	37·6	12·7
1964	...	...	28·6	19·5	18·4	35·7	10·3
1965	...	...	28·1	20·3	17·8	35·7	10·3
1966	...	...	30·2	19·7	19·0	36·2	11·3
1967	...	...	24·5	18·3	15·6	31·7	8·9
1968	...	...	26·2	16·8	15·5	29·7	10·8

Neonatal mortality refers here to deaths under 1 month.

The Glasgow birth rate, infant mortality and still birth rate, etc., are compared in the following table with those of Scotland, England and Wales and certain Scottish cities in 1968.

	(1)	(2)	(3)	(4)	(5)
	Birthrate per 1,000 of Population	Stillbirth Rate per 1,000 Live and Stillbirths	Neo-Natal Mortality Per 1,000 Live Births	Perinatal Mortality* Per 1,000 Live and Stillbirths	Infant Mortality per 1,000 Live Births
Scotland	18.3	15	13	26	21
Glasgow	19.9	17	15	30	26
Edinburgh	16.1	15	12	24	19
Aberdeen	15.7	10	12	22	19
Dundee	18.0	11	13	21	18
England and Wales	16.9	14	12	25	18
Birmingham ...	18.8	14	15	26	22.5
Manchester	17.8	16	16	30	26
Liverpool	17.2	18	15	31	22
Leeds	16.8	18	12.5	28	20

* Perinatal mortality rate—the number of stillbirths and deaths under one week per 1,000 live and stillbirths.

MORTALITY AMONG TODDLERS

There were 73 deaths among children aged one to five years in 1968, 6 more than the 1967 total which was the lowest ever recorded in the City. Male deaths continue to preponderate, 43 as against 30 female deaths. This compares with 39 male and 28 female deaths in 1967.

Accidents continue to be the chief cause of death in this age group, accounting in 1968 for 32 deaths, 8 more than in 1967. This total is equivalent to 43.8 per cent. of all the deaths in this age group compared with 35.8 per cent. in 1967 and 37.5 per cent. in 1966. A variety of accidents was responsible for the deaths of the 19 boys and 13 girls, as follows :—

	Male.	Female.
Road Accident	2	1
Motor Vehicle Accident	2	—
Outbreak of fire in child's home (burns and asphyxia)	4	—
Falls	1	2
Drowning	1	2
Electrocution (by cooker)	1	—
Collapse of a building	—	1
Aspiration of vomitus	—	2
Nature of accident not specified ...	7	4
Assault	1	1
	<u>19</u>	<u>13</u>

There were few deaths from respiratory disease in 1968, 5 compared with 11 in 1967 and 22 in 1966. All but 1 were males and the individual causes were—Pneumonia (1 male). Bronchitis (1 male), Other Respiratory Disease (2 males and 1 female). There were no deaths from influenza or tuberculosis.

Deaths from infectious disease were 5 in all, the same number as in 1967. Meningococcal Infection was responsible for 2 deaths (1 male and 1 female) and "Enteritis" for 2 (both males). One male death was allotted to "Other Infective and Parasitic Disease".

Congenital anomalies accounted for 7 deaths, the same number as in 1967. These were 2 (females) from anomalies of the nervous system and 5 (2 male and 3 female) from anomalies of the circulatory system.

There was an increase in the number of deaths from Malignant Neoplasms, 9 compared with 3 in 1967 and 5 in 1966. Of this total, 4 were attributed to Leukaemia. The deaths allotted to leukaemia since 1961 are shown as follows :—

1961	...	...	6	1965	...	...	3
1962	...	...	1	1966	...	...	5
1963	...	...	4	1967	...	...	3
1964	...	...	4	1968	...	...	4

The following table compares the infant mortality with that of toddlers and shows the progressive reduction in both since 1900 :—

Year	Infant Mortality Rate per 1,000 Births		Deaths 1-5 Years : Actual Number	Rate per 1,000 Population at Ages 1-5 Years
1900	2,751	39.2
1911	1,862	26.7
1921	1,494	19.2
1931	1,341	17.2
1941	635	8.3
1951	171	2.1
1952	140	1.8
1953	118	1.5
1954	92	1.2
1955	99	1.3
1956	85	1.1
1957	100	1.2
1958	86	1.03
1959	117	1.38
1960	103	1.19
1961	91	1.04
1962	99	1.13
1963	101	1.14
1964	74	0.83
1965	84	0.95
1966	80	0.93
1967	67	0.81
1968	73	0.91

HOME ACCIDENTS, 1968

During 1968 detailed information about all home accidents has been supplied by the general hospitals in Glasgow with the exception of the Royal Infirmary and Stobhill. The Royal Infirmary submitted total figures but limited the analysis of the figures to age and sex. Stobhill ceased to give any information about home accidents from February, 1968 onwards.

The total number of accidents reported from the Royal Infirmary was 1,768 (851 males and 917 females).

The total number of accidents occurring to Glasgow residents as reported by the other hospitals was 4,621. An analysis of these accidents is given below :—

1. *According to sex—*

Male	...	2,079
Female	...	2,541
N.S.	...	1
		<hr/>
		4,621
		<hr/>

2. *According to age and sex—*

Age in Years			Male	Female	Not Stated	Total
0-1	...	...	74	63	1	138
1-2	...	...	218	184	—	402
2-3	...	...	214	174	—	388
3-4	...	...	124	83	—	207
4-5	...	...	102	63	—	165
5-6	...	...	57	41	—	98
6-7	...	...	44	25	—	69
7-8	...	...	25	15	—	40
8-9	...	...	24	15	—	39
9-10	...	...	23	15	—	38
10-15	...	...	115	96	—	211
15-25	...	...	247	281	—	528
25-35	...	...	240	291	—	531
35-45	...	...	179	263	—	442
45-55	...	...	136	266	—	402
55-65	...	...	122	261	—	383
65-66	...	...	11	37	—	48
66-67	...	...	12	22	—	34
67-68	...	...	8	22	—	30
68-69	...	...	9	22	—	31
69-70	...	...	5	16	—	21
70-71	...	...	4	21	—	25
71-72	...	...	8	22	—	30
72-73	...	...	7	16	—	23
73-74	...	...	4	26	—	30
74-75	...	...	4	18	—	22
75-76	...	...	6	11	—	17
76 +	...	...	53	158	—	211
Not stated	...	...	4	14	—	18
Total			<hr/>	<hr/>	<hr/>	<hr/>
			2,079	2,541	1	4,621

3. *According to nature of accident and sex—*

	Male	Female	Not stated	Total
Falls	823	1,110	—	1,933
Suffocation	2	—	—	2
Gas Poisoning	4	4	—	8
Poisoning	178	143	1	322
Burns	103	148	—	251
Others	969	1,136	—	2,105
	<u>2,079</u>	<u>2,541</u>	<u>1</u>	<u>4,621</u>

4. *Accidents in those over 60 years of age.*

Male 176
Female 525

Total 701 or 15·2 per cent. of total accidents.

In this age group accidents due to falls were as undernoted :—

Male 90
Female 362

Total 452 or 64·5 per cent. of all accidents in this age group.

The number of accidents due to poisoning (excluding children under five years) was 44. Most of these cases were due to overdosage with sedative drugs.

Analysis of causes of accidents in children under five years of age (excluding burns and scalds) is shown below.

	- 1 yr.	- 2 yrs.	- 3 yrs.	- 4 yrs.	- 5 yrs.	Total
Falls	89	174	149	85	82	579
Foreign bodies (swallowed or inserted in orifices)	7	23	29	24	16	99
Poisoning	11	109	99	40	19	278
Laceration	6	17	33	16	10	82
Hand or finger jammed, e.g. in door or window	3	22	21	8	9	63
Suffocation	1	1	1	—	—	3
Gas Poisoning	—	—	—	—	—	—
Electric shock	1	—	—	—	—	1
Dog bite	—	3	3	2	1	9
Others	20	53	53	32	28	186
Total	<u>138</u>	<u>402</u>	<u>388</u>	<u>207</u>	<u>165</u>	<u>1,300</u>

Accidents in children under five years constituted 28·1 per cent. of the total number of accidents.

BURNS AND SCALDS

In 1968 burning and scalding accidents involving children under five years were again notified to the Health Department by various hospitals.

The following report deals with such accidents in children under five which numbered 761. In 81 cases no details of the accident could be obtained because the families concerned were not traced and ten cases were wrongly notified. Information was, however, collected in the remaining 670 cases and this is analysed below.

			Male	Female	Total			
Number of burns ...			173	113	286			
Number of scalds ...			224	160	384			
			<u>397</u>	<u>273</u>	<u>670</u>			

Age in Years			Burns			Scalds		
			Male	Female	Total	Male	Female	Total
-1	...	...	19	14	33	35	22	57
-2	...	...	71	39	110	135	74	209
-3	...	...	46	32	78	29	30	59
-4	...	...	13	13	26	17	21	38
-5	...	...	24	15	39	8	13	21
			<u>173</u>	<u>113</u>	<u>286</u>	<u>224</u>	<u>160</u>	<u>384</u>

Hospital admission was necessary for 95 children involved in these accidents and there was permanent scarring in 27 cases. One child died as a result of a house fire but no details of this accident could be obtained as the family had left the City.

Analysis of burning accidents showed the following main causes :—

Inadequate fire guard	...	...	...	...	72
Unguarded coal fire	...	...	...	...	54
Unguarded electric or gas fire	...	...	...	...	26
Contact with hot iron	...	...	...	...	26
Contact with hot metal, i.e. stove, poker, etc.	...	...	...	...	29
Faulty electrical equipment	...	...	...	...	10
Chemicals	...	...	...	...	3
Lighted paper	...	...	...	...	11
Cigarette	...	...	...	...	1
Matches	...	...	...	...	3
Fireworks	...	...	...	...	5
Bonfire in garden or back green	...	...	...	...	7

The most frequent cause of burning accidents was, as in former years, the unguarded or inadequately guarded fire either coal, gas or electric. Most houses did have a guard but this was either not in place at the time of the accident or was of a type which was easily displaced, did not cover the entire hearth area or had to be removed for refuelling of the fire. It is not sufficient to rely on the dress guards which are fixtures of electric and gas fires. A proper guard should be placed round such sources of heat. Electric irons which had been left to cool on the floor also caused several burning accidents. Most scalds were caused by leaving cups, basins or bowls of hot fluid within reach of young children. The dangling flex of an electric kettle was another danger.

The details of the burning and scalding accidents reveals the need for constant care and foresight on the part of responsible adults if danger is to be eliminated from the home.

CHILD WELFARE SCHEME

Child Welfare Centres.—There are now 42 Antenatal, 28 Postnatal, 16 Consultative, 100 Child Welfare and 2 Ultra-violet Ray treatment sessions each week. In addition, 4 Child Welfare Clinics are held weekly at the Royal Maternity and Women's Hospital.

INFANT CONSULTATIONS

There was a decrease of 13 in the number of sessions, 5,255 in 1968 compared with 5,268 in 1967.

The total number of primary attendances of all children was 14,444 and subsequent attendances 145,557 compared with the corresponding figure of 14,803 and 146,471 in 1967.

The following table gives the attendances at each consultation centre during 1968 with the corresponding total figures for the previous year :—

ATTENDANCES AT INFANT CONSULTATIONS, 1968

		No. of Con- sulta- tions held	Children born 1968 No. of Attendances		Children born 1967 No. of Attendances		Children born other years No. of Attendances		1968—Total No. of Attendances		1967—Total No. of Attendances	
			Prim.	Sub.	Prim.	Sub.	Prim.	Sub.	Prim.	Sub.	Prim.	Sub.
<i>Central—</i>												
Anderston	...	150	270	1,276	49	1,376	15	634	334	3,266	432	3,481
Partick	...	151	516	2,250	106	2,204	21	606	643	5,060	677	5,053
Blawarthill	...	206	527	3,271	62	3,678	6	1,555	595	8,504	589	7,472
Netherton	...	103	157	814	35	848	11	379	203	2,041	194	1,854
Drumchapel	...	253	396	2,501	101	2,779	57	1,921	554	7,201	581	6,931
<i>North—</i>												
Provan	...	253	462	1,795	121	2,101	37	1,121	620	5,017	662	5,363
Springburn	...	152	518	2,626	98	2,056	13	642	629	5,324	625	4,851
Denmark Street		150	231	1,134	63	760	29	330	323	2,224	330	2,495
Milton	...	103	126	708	29	706	6	339	161	1,753	193	1,687
Cowcaddens	...	215	414	3,072	103	2,612	53	874	570	6,558	550	6,417
Maryhill	...	206	653	2,536	128	2,552	19	890	800	5,978	773	6,019
<i>East—</i>												
Redan Street	...	357	921	4,193	170	3,627	118	1,564	1,209	9,384	1,228	10,722
Shettleston	...	305	651	2,700	118	2,793	45	967	814	6,460	802	6,773
Carntyne	...	241	436	2,446	162	2,419	46	1,283	644	6,148	552	5,066
Rogerfield	...	153	210	1,197	60	1,269	15	494	285	2,960	251	3,410
Garthamlock	...	52	116	518	30	596	15	268	161	1,382	185	1,193
Easterhouse	...	156	296	1,360	80	1,548	37	837	413	3,745	384	3,395
<i>South-East—</i>												
Gorbals	...	203	492	2,209	122	2,256	57	1,018	671	5,483	854	6,301
Pollokshaws	...	103	219	1,531	37	1,352	19	598	275	3,481	250	2,485
Balvicar Street	...	254	655	5,111	34	5,136	17	1,128	706	11,375	757	10,566
Oatlands	...	100	148	1,064	34	1,547	15	563	197	3,174	218	3,179
Mount Florida	...	240	398	2,924	76	2,952	7	1,044	481	6,920	517	6,452
Arnprior Quadrant		152	283	1,584	72	2,034	56	1,135	411	4,753	440	5,328
Barlia Drive	...	154	329	2,014	100	1,780	109	1,205	538	4,999	463	5,095
<i>South-West—</i>												
Pollok	...	202	385	2,135	118	2,458	55	991	558	5,584	593	7,014
Weir Street	...	104	169	849	23	845	15	305	207	1,999	259	2,242
Govan	...	150	348	1,678	50	1,438	20	447	418	3,563	437	3,892
Elderpark	...	182	501	2,236	101	2,374	2	633	604	5,243	624	5,953
Penilee	...	102	151	1,110	23	946	—	497	174	2,553	158	2,743
Berryknowes	...	103	227	1,595	15	1,378	4	432	246	3,405	225	3,038
		5,255	11,205	60,437	2,320	60,420	919	24,700	14,444	145,557	14,803	146,471
		71,642		62,740		25,619		160,001		161,274		

Antenatal Consultations.—Sessions at antenatal clinics numbered 2,221 compared with 2,409 for the preceding year. The total attendances were 25,785 compared with 28,852 in 1967. Primary attendances were 3,184 or 157 less than the previous year (1967), and subsequent attendances numbered 22,601, a decrease of 2,910. Consultations and attendances at each of the centres are shown in the following table :—

ATTENDANCES AT ANTENATAL CLINICS, 1968

	No. of Clinic Sessions	Number of Attendances			Hospital Cases
		Primary	Subsequent	Total	
Richard Street ...	52	47	238	285	3
Partick ...	100	152	911	1,063	12
Blawarthill ...	51	38	346	384	5
Netherton ...	51	19	124	143	—
Drumchapel ...	100	115	951	1,066	4
Provan ...	52	52	312	364	5
Springburn ...	52	158	526	684	—
Denmark Street ...	51	45	257	302	1
Milton ...	49	19	161	180	1
Cowcaddens ...	103	135	1,089	1,224	43
Maryhill ...	104	167	1,166	1,333	5
Orr Street ...	165	255	1,827	2,082	2
Shettleston ...	52	116	867	983	—
Mobile—Carntyne	52	25	158	183	—
Easterhouse ...	52	51	305	356	—
Rogerfield ...	51	52	303	355	—
Gorbals ...	154	318	1,675	1,993	2
Pollokshaws ...	51	54	472	526	—
Balvicar Street ...	103	199	1,482	1,681	1
Oatlands ...	51	45	394	439	—
Mount Florida ...	66	70	596	666	—
Arnprior Quadrant	52	58	411	469	—
Barlia Drive ...	52	107	854	961	—
Pollok ...	120	223	1,196	1,419	4
Govan ...	152	209	2,027	2,236	1
Elderpark ...	182	309	2,619	2,928	2
Penilee ...	50	59	551	610	—
Berryknowes ...	51	87	783	870	—
	<u>2,221</u>	<u>3,184</u>	<u>22,601</u>	<u>25,785</u>	<u>91</u>

ATTENDANCES AT POSTNATAL AND CONSULTATIVE CLINICS, 1968

		No. of Consultations		Primary		Subsequent		Total	
		Post-natal	Consultative	Post-natal	Consultative	Post-natal	Consultative	Post-natal	Consultative
Richard Street	...	52	—	10	—	5	—	15	—
Partick	...	52	51	56	157	7	242	63	399
Blawarthill	...	51	2	15	6	3	1	18	7
Netherton	...	51	—	6	—	1	—	7	—
Drumchapel	...	52	47	53	132	16	60	69	192
Provan	...	52	14	7	17	4	—	11	17
Springburn	...	52	11	6	18	—	10	6	28
Denmark Street	...	51	—	1	—	—	—	1	—
Milton	...	49	—	8	—	2	—	10	—
Cowcaddens	...	56	46	99	189	60	505	159	694
Maryhill	...	54	47	37	140	5	180	42	320
Orr Street	...	55	46	24	125	26	97	50	222
Shettleston	...	52	8	34	11	9	8	43	19
Mobile—Carntyne	...	52	—	46	—	51	—	97	—
Easterhouse	...	52	—	22	—	—	—	22	—
Rogerfield	...	51	—	5	—	—	—	5	—
Gorbals	...	54	51	112	311	25	280	137	591
Pollokshaws	...	51	—	18	—	3	—	21	—
Balvicar	...	55	46	109	202	2	17	111	219
Oatlands	...	51	—	8	—	4	—	12	—
Mount Florida	...	52	44	38	130	—	49	38	179
Arnprior Quadrant		52	—	45	—	18	—	63	—
Barlia Drive	...	52	35	35	117	6	49	41	166
Pollok	...	52	50	51	190	4	304	55	494
Govan	...	56	52	15	198	2	161	17	359
Elderpark	...	56	52	73	416	7	114	80	530
Penilce	...	50	—	30	—	1	—	31	—
Berryknowes	...	51	—	41	—	6	—	47	—
		1,466	602	1,004	2,359	267	2,077	1,271	4,436

MOTHERCRAFT CLASSES

Training in mothercraft and preparation for labour form a very important part of antenatal care. Tuition is given either during antenatal sessions or at a class held specially for this at the various clinics. One health visitor teaches mothercraft full-time and holds classes at certain of the clinics, the teaching in the others being undertaken by the health visitors of these clinics. The course covers simple instruction in physiology of pregnancy and labour, preparation for confinement, preparation of layette, infant feeding, bathing and general care, and instruction in psychoprophylaxis.

The classes are open to any expectant mother and are not limited to those in attendance at the antenatal clinics. General practitioners are encouraged to send along any expectant mothers under their care who may wish to benefit from the teaching provided at the clinic.

"Health of Mother and Child."—A new edition of this book became available in the autumn of 1966. In 1968, 2,202 copies of this book were sold compared with 2,198 copies in 1967.

Of the 2,202 copies sold in 1968, 385 of these were sold at clinics, day nurseries, etc., 700 at the Royal Maternity Clinic, 1,100 to hospitals and 17 to the general public.

In 1967, 696 copies were sold at clinics, day nurseries, etc., 700 at the Royal Maternity Clinic, 800 to hospitals and 2 to the general public.

ULTRA-VIOLET RAY CLINIC

It is desirable to continue the arrangements for light treatment of certain children.

RECORD OF ATTENDANCES AND CONSULTATIONS DURING 1967

		Number of Clinics held	Children — 1 year Number of Attendances		Children + 1 year Number of Attendances		Mothers Number of Attendances		Total Number of Attendances	
			Prim.	Sub.	Prim.	Sub.	Prim.	Sub.	Prim.	Sub.
Provan	...	102	—	—	63	789	—	—	63	789

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN

The number of pre-school children treated and the work done for them again shows an annual increase. The number of fillings completed in the year ending July, 1968, was 54·8 per cent. up on the figure for the previous year. On the other hand the number of mothers attending the dental clinics still follows the pattern of decline which has been going on since 1961 when nursing and expectant mothers first became eligible for free treatment from general dental practitioners as well as from local authority dental services.

SUMMARY OF CLINICAL ATTENDANCES AND TREATMENT

Total attendances, 1,912 ; first attendances, 582 ; fillings, 712 ; extractions, 997 ; administrations of general anaesthetics, 114 ; other operations, 1,022 ; dentures, 125 ; relines, 9.

CERVICAL CYTOLOGY

In the early weeks of 1968 attendances at cervical cytology clinics were disappointingly poor. Various methods of publicity were tried, including advertisement of the service on public transport, invitations to secretaries of women's organisations, and talks to groups of women, with satisfactory response. Towards the end of 1968, the number of applications for tests dropped again and further publicity is planned for 1969.

During 1968, cervical cytology sessions were held in 11 maternity and child welfare centres, either weekly or fortnightly. Special sessions were arranged on several occasions for groups from factories, etc. Investigation in all cases included breast examination.

The number of women examined during 1968 was as follows :—

At well-women clinics	...	...	6,092
At ante-natal clinics	...	...	393
At post-natal clinics	...	...	927
			<hr/>
			7,412
			<hr/>

The age range of women attending well-women clinics was as follows :—

Under 29 years	...	...	...	1,039
From 30-39	...	...	...	1,991
From 40-49	...	...	...	1,882
From 50-59	...	...	...	1,051
60 years and over	...	...	...	129
Total	...	...	...	<u>6,092</u>

The number of cases requiring further pathological investigation was 111. The final result in these was as follows :—

Benign changes	...	...	...	8
Dysplasia	...	...	...	9
Carcinoma <i>in situ</i>	...	...	...	19
Invasive squamous carcinoma	...	...	...	1

Many of the women who attended for cervical smear test were found to have some gynaecological condition and were referred to their general practitioner for treatment.

DAY NURSERIES AS AT END OF 1968

		Approved for training	No. of Approved Places		No. of Children on register at end of year		Average daily attendances during year		Waiting lists at end of year	
			0-2 yrs.	2-5 yrs.	0-2 yrs.	2-5 yrs.	0-2 yrs.	2-5 yrs.	0-2 yrs.	2-5 yrs.
Bedford Street	...	No	10	30	11	32	8	26	14	56
Bridgeton	...	Yes	20	30	22	30	16	23	66	120
Broompark	...	Yes	30	30	30	30	20	26	10	7
Clutha Street	...	Yes	20	30	20	30	16	23	24	14
Cowcaddens	...	Yes	15	30	14	30	10	25	49	54
Craigielea	...	Yes	20	30	19	33	16	27	24	18
Crail Street	...	Yes	20	30	18	32	12	27	25	101
Elderpark	...	No	10	30	11	30	10	26	9	1
Gt. Western Road	...	Yes	10	25	7	27	5	20	4	42
Hamiltonhill	...	Yes	10	25	9	16	8	13	24	59
Holmlea	...	Yes	20	30	21	32	16	27	40	37
Kingston	...	No	8	32	5	33	4	24	3	14
Onslow Drive	...	Yes	20	40	19	40	14	32	10	14
Pollokshaws	...	Yes	25	25	22	30	18	23	20	30
Quarrybrae	...	Yes	21	—	16	5	12	5	18	—
Sandy Road	...	Yes	15	25	14	26	11	24	20	39
Sandyford	...	Yes	30	20	22	20	18	16	52	31
Total	...		304	462	280	476	214	387	412	637

Total attendances numbered 153,821 compared with 165,451 in 1967.

Each nursery is visited routinely every fortnight by a medical officer of the Child Welfare staff and any emergency visits are dealt with by medical staff from the Central Office.

TRAINING OF NURSERY STUDENTS

The scheme of training undertaken by the Health and Welfare Department (in conjunction with Nursery Schools and Further Education Departments) for suitable applicants between 15 and 25 years of age, continues to be very popular. Many girls living in outlying districts apply for residential vacancies, but only a limited number can be accommodated as the Nursery Nurses' Hostel, which accommodates 12 girls, is always full to capacity.

During 1968, there were 148 girls in various stages of the two years, training course for the Nursery Nurses' certificate. Seventy-one students sat the Nursery Nurses' Examination and 68 were successful, three with distinction.

RESIDENTIAL HOMES AND NURSERIES

SHORT STAY NURSERIES

There are two Short Stay nurseries, one at 45 Maxwell Drive, and the other at 9 Winton Drive. These nurseries care for children under five years whose mothers are in hospital. The maximum duration of stay is one month.

The nursery at 47 Maxwell Drive was transferred to 45 Maxwell Drive at the beginning of August, 1968. 47 Maxwell Drive was closed to enable electrical re-wiring and other work to be carried out. The premises at 45 Maxwell Drive are less spacious than those at 47 Maxwell Drive and can only accommodate 22 children compared with 35 in the old house.

During 1968 there were 321 admissions to Glenrosa and 373 to Winton Drive. The over-all number of admissions was decreased by seven in 1967, but the service continues to be in constant demand.

CARNBOOTH HOUSE

There were 218 admissions to this Home in 1968. All the children were admitted for a period of general care in good surroundings. Seven children were recommended by hospital medical social workers and the

remainder by Medical Officers at Child Welfare Centres. There were no admissions for segregation before and after B.C.G. vaccination.

There is always a considerable demand for admission to this Home. By adopting a flexible policy with regard to length of stay, turnover has been increased and the waiting list has been reduced.

Most of the children admitted come from a poor social environment. Maternal care was poor in many cases. Admission was frequently requested because the mother's poor physical or mental health was having an adverse effect on the family.

The children enjoy the opportunities for outdoor play in the spacious grounds of the Home. They benefit considerably from good diet, regular routine and open-air exercise.

SCOTSTOUN HOME

The number of admissions to this Home was reduced from 93 in 1967 to 71 in 1968. It was decided to discontinue use of the upper flat of 1107 Great Western Road as a residential home. These premises were too cramped to be suitable for this purpose. The upper flat will increase the accommodation of the day nursery and make more day nursery places available in the West End of the City. Scotstoun Home was closed on 19th December, 1968. Admissions were restricted prior to this date and this accounts for the fall in the numbers admitted.

Despite the unsuitable premises the children did show improvement as a result of nursing care, good diet and regular routine.

MILLBRAE HOME

The total number of children admitted in 1968 was 107. Nineteen neonates were admitted for segregation following B.C.G. vaccination. One child under two years was a tuberculosis contact. This child remained in the Home for six weeks before and six weeks after B.C.G. vaccination. The remaining 87 children were referred for a period of convalescence. This is an increase of 27 over the 1967 admissions. Thirty-one were referred by hospital medical social workers and 56 by Child Welfare Medical Officers.

Most of the babies from hospital are in very poor general condition. While they do not require further hospital investigation they need a period of good nursing care before they are fit to return home. Many

of these babies have failed to thrive because of maternal neglect and incompetence. Several children admitted last year had been diagnosed as "battered babies".

The children improve rapidly, both physically and psychologically. The change from apathy to a smiling alertness is striking in many cases and is a reflection of the attention and stimulation received in the Home.

CHILDREN'S DEPARTMENT HOMES

Eglinton Home admits many children who have an adverse perinatal or neonatal history and who require a period of observation before a decision can be reached about their placing. A number of these are found to have physical or mental handicaps. This maintains the high proportion of handicapped children, particularly mentally handicapped. For these reasons a senior medical officer of the Child Welfare Staff with experience of handicapped children and developmental assessment looks after this Home. Medical care includes supervision of the home with regard to general hygiene and control and prevention of infection as well as providing a general practitioner for each child.

Quarterly visits were paid to Eversley, Lochgarry, Castlemilk, Blairvadach, Corrybeg and Lochaber for administrative purposes.

Several visits were paid to Blairvadach by a member of the Child Welfare staff in order to carry out assessment on children whose developmental progress was unsatisfactory.

NURSERIES AND CHILD MINDERS'

REGULATIONS ACT, 1948

Seventeen applications were received throughout the year for the registration of premises used for nurseries, playgroups, etc., and after inspection, registration was granted in each case.

Four nurseries closed down leaving a total at the end of the year of 50 registered nurseries providing accommodation for 1,125 children under school age.

All the premises were visited to check that each was continuing to maintain the required standards.

THE "AT RISK" REGISTER

This register continued to be maintained. In addition to the central register, duplicates of cases notified are kept in the local clinics. The Medical Officers at the clinics try to see as many of these children as possible with a view to the early detection of defects. The children on the register have experienced unfavourable conditions in the antenatal, perinatal or postnatal periods.

The numbers on the register on 31st December, 1968 were as follows :—

Year of birth	1964	1965	1966	1967	1968	Total
	3	15	35	1,967	3,790	5,810

DEATHS

Twenty-nine children on the register died during 1968. In only six cases was the cause of death attributable to the risk notified :—

Cerebral palsy	2
Terminal bronchopneumonia in a brain damaged child	1
Transposition of great blood vessels	1
Acute left ventricular failure	1
Congenital heart disease	1

DEFECTS

*Children born and considered "At Risk" in 1964—**Mental Defects*

Simple retardation	1
---------------------------	---

*Children born and considered "At Risk" in 1965—**Mental Defects*

Cerebral diplegia and hyperkinesis	1
Simple retardation	2
Retarded and squint	1

Physical Defects

Shortening of muscles of one leg	1
---	---

*Children born and considered "At Risk" in 1966—**Mental Defects*

Simple retardation	5
Retarded and squint	1
Retarded and scaphocephaly	1
Retarded and dwarfism	1
Hurler's syndrome	1
*Hydrocephalus	1
***Phenylketonuria	3

Of the above defects, 4, indicated by asterisks, had been present when the child was put on the register. The three cases of Phenylketonuria had positive Guthrie tests in the perinatal period.

Physical Defects

Shortening of one leg	...	...	...	...	...	1
Deformity of right tibia	...	...	...	...	...	1
Congenital dislocation of hip	...	...	...	...	...	1
Scoliosis	...	...	...	...	...	1
Spasticity of fingers	...	...	...	...	...	1
Squint	...	...	...	...	...	3
Defective vision one eye	...	...	...	...	...	1
Displacement of heart	...	...	...	...	...	1
Nephrectomy	...	...	...	...	...	1

*Children born and considered "At Risk" in 1967—**Mental Defects*

Simple retardation	...	...	...	...	...	5
Hydrocephalus and retardation (following operation for spina bifida)	...	...	...	...	...	1
Mongol and congenital heart condition	...	...	...	...	...	1
Cerebral palsy and retardation	...	...	...	...	...	1
*Microcephalic	...	...	...	...	...	1
Hyperkinetic	...	...	...	...	...	1

Physical Defects

Talipes	...	...	...	...	...	2
Congenital dislocation of hip	...	...	...	...	...	2
Osteogenesis imperfecta	...	...	...	...	...	1
*Malformation of genital organs and leg	...	...	...	...	...	1
*Multiple abnormalities	...	...	...	...	...	1
Paraplegia due to spina bifida	...	...	...	...	...	1
Nystagmus	...	...	...	...	...	1
Ptosis	...	...	...	...	...	1
Harelip and cleft palate	...	...	...	...	...	1
*Pierre Robin Syndrome	...	...	...	...	...	1
Albino	...	...	...	...	...	1
Cocliac disease	...	...	...	...	...	1
**Congenital heart disease	...	...	...	...	...	8
Cavernous angioma of face.	...	...	...	...	...	1

Of the above defects, 6, indicated by asterisks, had been present when the child was put on the "At Risk" register.

Three thousand, nine hundred and forty-one children were notified. This number is slightly larger than in 1967. The numbers in the various risk categories are tabulated below :—

	Babies " At Risk "	Babies " At Risk "	Babies " At Risk "	Babies " At Risk "	Babies " At Risk "	Babies " At Risk "
	for	for	for	for	for	for
	1 Reason	2 Reasons	3 Reasons	4 Reasons	5 Reasons	Reasons
<i>Genetic—</i>						
<i>Prenatal—</i>						
Family history of deafness, blindness, epilepsy, C.N.S. defect	54	35	13	3	4	
Rubella or other virus infection in first 16 weeks of pregnancy	7	3	1	—	—	
Blood incompatibilities	93	54	17	4	1	
Hyperemesis	11	20	4	1	1	
Threatened abortion	155	111	39	14	4	
Severe illness necessitating chemotherapy or major surgery in early months of pregnancy	9	11	9	1	—	
Thyrototoxicosis	4	4	1	—	—	
Diabetes	15	8	2	—	—	
Toxaemia of pregnancy	303	312	90	16	7	
Multiple pregnancy	100	150	41	19	5	
Other complications of pregnancy, e.g., pyelitis	204	200	84	18	6	
Prolonged or difficult labour	810	511	142	43	9	
Prematurity	329	283	107	28	8	
Post-maturity	33	64	20	5	1	
Anoxia	221	348	127	34	9	
Prolonged poor sucking, feeble respiration	38	17	62	26	9	
Neonatal jaundice	15	65	29	11	3	
Convulsions	19	21	9	1	—	
Cerebral palsy	—	—	—	—	—	
Otitis media	—	—	—	—	—	
Presence of other congenital abnormalities, particularly those involving eyes, heart or central nervous system	42	37	21	4	3	
Meningitis or encephalitis	—	2	1	—	—	
Miscellaneous	6	2	—	—	—	
Number of Risks	2,468	2,358	819	228	70	
Number of Babies	2,468	1,129	273	57	14	
Total	...	...	...	...	...	3,941

The conditions in the miscellaneous group were as follows :—

Conditions in Mother—

Rubella contact	...	...	...	4
Mother on Primolut for habitual abortion	...	...	...	1

Conditions in child—

Hepatitis	...	...	...	1
Hypoglycaemia	...	...	...	2

These children born in 1968 will be reviewed during 1969.

HANDICAP REGISTER

Since the beginning of 1968 Glasgow has participated in a scheme for registration with the Department of Home and Health of handicapped children in the City. Special forms are used for this purpose on which is recorded information concerning the nature of the disability together with details of the services required and/or provided for the care of the child. Duplicates of these records are kept both centrally and in the Child Welfare Clinics. The initial notification is usually made by the Health Visitor but the clinic medical officer has the ultimate responsibility for notification to the central register from whence the information is sent to the Department.

In 1968 there were 287 children notified to the register. Of this number, 80 had been on the "At Risk" register. Since notification, 3 children have died and 2 have left Glasgow.

The types of disability noted are listed below :—

Sensory—

Partially deaf	...	...	...	10
Blind	...	...	...	2
Partially sighted	...	...	...	10

Neuro-psychiatric—

Mental Defect : educable	...	...	6
Mental defect : trainable	...	...	12
Mental defect : not trainable	...	...	1
Mental defect : degree not yet determined	...	...	47
Maladjustment	...	...	1
Brain damage—cerebral palsy	...	...	13
Other brain damage	...	...	9
Epilepsy	...	...	11
Spina bifida and/or hydrocephalus	...	...	29
Speech defect	...	...	6
Other neuro-psychiatric defect	...	...	5

Orthopaedic—

Absence of one or both upper limbs ...	1
Deformity of one or both upper limbs	5
Deformity of one or both lower limbs ...	30
Defect of spine (other than spina bifida)	2
Paralysis of limb, back or trunk ...	3
Other orthopaedic defect—	
Congenital hip	8
Sarcoma of leg	1
Achondroplasia	1
Perthes' disease	1
Fragilitas ossium	1
Epiphyseal dysplasia	1

Non-Orthopaedic—

Heart disease—congenital or acquired	58
Metabolic disease—	
Phenylketonuria	5
Mucoviscidosis	4
Coeliac disease	9
Galactosaemia	1
Cretinism	1
Hurler's syndrome	1
Hand Schuller Christian syndrome	1
Cleft palate and/or hare lip	19

Other—

Thalassaemia	1
Cyclical neutropenia	1
Leukaemia	1
Thrombocytopenic purpura	1
Abnormality of liver	2
Hypotonia	1
Chronic gastro-intestinal disease ...	1
Hirschsprung's disease	1
Tumour of eye	1
Hypospadias	1
Ectopic bladder	2
Chromosomal abnormality	1

Thirty-two children each had two handicaps and five children had three handicaps each.

The age at notification was as follows :—

—7 days	...	...	...	...	2
8—28 days	...	...	...	...	30
29 days—1 year	...	...	...	...	95
—2 years	...	...	...	...	53
—3 years	...	...	...	...	37
—4 years	...	...	...	...	41
—5 years	...	...	...	...	27
5—6 years	...	...	...	...	2
					<hr/> 287 <hr/>

Defects which are easily recognised are usually notified earliest. For example, mongolism is a mental defect which is notified early. Other types of mental handicap which have no physical stigmatic are not notified until later when it becomes apparent that the child is not making normal progress. Similarly, obvious physical defects such as talipes tend to be notified in early infancy but other physical handicaps may not be diagnosed until the child is older when they are discovered at routine examination or during an illness.

During 1968 there were 7 children notified to the register in previous years who died and 4 who moved from Glasgow. No children were taken off the register in 1968 because of recovery from handicap.

REPORT ON THE ASSESSMENT AND ADVISORY CENTRE, GLENFARG STREET, N.W.

One hundred and sixty-four sessions were held at the Centre in 1968. An increase in the number of sessions was made possible by a second medical officer undertaking two extra sessions a week at the clinic during the latter part of the year. Ninety-nine new cases were referred in 1968.

Children were referred from the following sources :—

Hospital Paediatricians	...	...	...	...	18
Family Doctors	...	...	...	...	1
Children's Department	...	...	...	...	5
Transfer from Balvicar Centre	...	...	...	...	2
Child Welfare Medical Officers	...	...	...	...	73
Total					<hr/> 99 <hr/>

The ages of the children on referral were as follows :—

— 6 mths.	— 1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	Total
4	8	21	21	28	17	99

The total number of children under supervision in 1968 was 243.

Diagnosis of new cases referred in 1968—

Normal	...	...	...	...	...	10
Developmental delay	...	...	...	...	...	4
Developmental Speech Disorder	...	...	...	...	...	12
Primary Retardation	{ Mild 13 (one partially deaf, one with cataract) Moderate 11 (one partially deaf) Severe 1					25
Severely retarded and partially sighted (Cerebral haemorrhage in neonatal period)	...	...	...	...	...	1
Severely retarded (Hypernatraemia in infancy)	...	...	...	...	...	1
Moderate retardation associated with congenital abnormality of kidneys	...	...	...	...	...	1
Mongol (One with congenital heart disease)	...	...	...	...	...	7
Minimal cerebral damage (meningitis in infancy)	...	...	...	...	...	1
Cerebral damage—Moderate retardation	...	...	...	...	...	1
Cerebral palsy	{ Ataxic type— Normal intelligence 1 Moderate retardation 1 Spastic— Moderately retarded 1 Tetraplegia— Severely retarded 4 Hemiplegia— Severely retarded 2					9
Microcephalus	...	...	...	...	...	1
Hypertelorism—Slightly retarded and unilateral cataract	...	...	...	...	...	1
Hydrocephalus	{ Normal intelligence 2 Moderately retarded and deaf ... 1					3
Oxycephaly—Normal intelligence	...	...	...	...	...	1
Spina Bifida—Slightly retarded	...	...	...	...	...	2
Epilepsy	{ Grandmal—Normal intelligence 1 Petitmal—Normal intelligence 1 Petitmal—Moderately retarded 1					3
Cytomegalic Inclusion Body disease	{ Moderate retardation 1 Severe retardation 1					2
Bilateral Subdural Hygromata—Slightly retarded	...	...	...	...	...	1
Hypothyroidism—Moderate retardation	...	...	...	...	...	1
Partial Hearing loss...	...	...	...	...	...	1
Blind	...	...	...	...	...	1
Behaviour disorder	...	...	...	...	...	6
Autism	...	...	...	...	...	1
Enuresis	...	...	...	...	...	1
Enuresis and Encopresis	...	...	...	...	...	1
Congenital Heart Disease	...	...	...	...	...	1

Comment on Diagnoses.—A number of children after assessment and a period of observation were classed as normal. These children were referred for a variety of reasons, prior to fostering, history of retardation of siblings.

Some children were classed as developmental delay, rather than retarded, if the history suggested that this might be temporary, due to some factor, such as illness.

A number of children with failure or abnormally slow development of language were referred. Where there is no other explanatory factor such as hearing loss, mental retardation or severe emotional disturbance, these cases have been classed as developmental speech disorder.

Paediatric Consultant.—Professor Hutchison continues to see cases by special arrangement at the Centre.

Educational Psychologist.—The psychologist continues to attend for one session a month. She tries to see the children who are approaching school age as it is an advantage for their tests, prior to school placing, to be carried out in a familiar environment.

Each new referral has a developmental test and this is usually repeated annually to assess progress. The psychologist can only test two or three children per month, so that most of the developmental testing of new referrals and repeat testing is carried out by the medical officers.

Speech Therapist.—A speech therapist was seconded to work one session a week at the Clinic. Unfortunately she left at the end of June and has not been replaced.

In addition to children referred primarily because of speech or language disorders, many retarded children have delayed or defective speech. The services of the speech therapist were valuable not only in treating cases but also in attempting to elucidate and understand the nature of language disorders.

Health Visitor.—Our full-time health visitor is attached to the Clinic. A considerable amount of travelling is involved in contacting new cases and maintaining supervision as the north of the City covers a wide geographical area. A number of problem families with one or

more retarded children require close supervision and liaison with other social agencies as well as the local health visitor.

Liaison with Education Health Service.—As children approach school age, a joint consultation is held at the Centre with a Senior Medical Officer of the School Health Service. The probable school placing of the child is discussed and an explanation of the type of training or education given. Parents appreciate this type of consultation in familiar surroundings as they feel that a child is seen at his best in these circumstances. Following this, most parents readily accept the educational placing of the children.

Children's Department.—In addition to children referred by the Department to the Centre, four visits were paid to Blairvadach Home, Rhu, to carry out development tests on children and to give relevant advice.

The following new placements for pre-school children were made in 1968 :—

Day Nursery	...	...	...	...	1
Special Day Nursery (Broomhill)	...	...	...	...	3
Nursery Schools	...	...	...	...	7
Kelbourne (Aphasia Unit)	...	...	...	...	2
Kelbourne (Spastic Unit)	...	...	...	...	1
Kelvin Nursery for Visually Handicapped	...	...	...	...	1
St. Vincent Nursery School for Deaf	...	...	...	...	2

This represents only a fraction of the children who could benefit from attendance in ordinary nurseries or in special nurseries.

In addition, there are grossly handicapped children whose care imposes a considerable strain on the family. While these children are unlikely to benefit from training, there is a great need for provision of day care to relieve the mother.

The Association for the Mentally Handicapped continues to provide help by admitting children to the Day Centre at Laurieston House and also short term residential care at Stewart Home, Cove.

Parents' Group.—Meetings were held monthly during the winter. The meetings were very well attended and the films or talks provoked a great deal of discussion among the parents. It is gratifying that there is always a good proportion of fathers in the group. Parents quite frequently bring friends or relatives to the meetings.

THE BALVICAR CENTRE (CHILD DEVELOPMENT)

The fourth year of work at the Centre has now been completed. Ninety-one new cases (male, 58 ; female, 33) were referred during the year from the following sources :—

Source	Age	- $\frac{6}{12}$		$\frac{6}{12}$ -1		1-2		2-3		3-4		4-5		Total
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Child Welfare														
Medical Officers ...		3	—	6	3	7	3	6	6	8	7	14	7	70
General Practitioners		—	—	—	—	1	—	1	—	2	1	2	—	7
Education Health														
Service	—	—	—	—	—	—	1	1	—	—	1	—	3
Hospitals	—	—	—	—	—	1	—	—	2	1	1	—	5
Children's														
Department	...	—	—	—	—	—	—	1	1	1	—	2	—	5
Transferred in	...	—	—	—	—	—	1	—	—	—	—	—	—	1
Total	...	3	—	6	3	8	5	8	8	14	9	19	8	91

ANALYSIS OF AGE, SEX AND SOCIAL CLASS

Social Class		- $\frac{6}{12}$		$\frac{6}{12}$ -1		1-2		2-3		3-4		4-5		Total
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
I	...	—	—	—	—	—	—	—	—	—	—	1	1	2
II	...	—	—	1	—	2	—	1	—	—	—	—	1	5
III	...	1	—	2	2	3	5	6	2	3	5	5	2	36
IV	...	—	—	—	1	2	—	1	2	1	2	4	3	16
V	...	2	—	3	—	1	—	1	3	10	2	9	1	32
Total	...	3	—	6	3	8	5	8	8	14	9	19	8	91

Return visits paid by patients to Centre : Male ... 245
 Female 136 Total ... 381

Diagnoses—	Male	Female
Mental Retardation	31	11
Down's Syndrome	2	3
Visual Defects	10	6
Congenital Heart Disease	2	3
Spina bifida/Hydrocephalus	4	4
Cerebral Palsy	11	3
Microcephaly	2	2
Minimal Cerebral Dysfunction (including		
Aphasia, Dysphasia, Hyperkinesia)	7	8
Epilepsy	4	—
Muscular Dystrophy	1	—
Hare Lip	—	1
Psychosis	—	1
Fragilitas Ossium	1	—
Hypercalcaemia	1	—
Partially Deaf	1	—
Partially Sighted	—	1
N.A.D.	1	3
Adverse Social Conditions	10	3
Emotional and Behaviour Disturbances	8	3

All cases continue to be screened for hearing and vision, as well as psychological testing, irrespective of the reason for referral.

Consultants.—In addition to this routine screening, consultant advice is sought where necessary. Consultants personally come to the Centre for these appointments and this has proved worth while for both doctors and patients.

Children seen by Visiting Consultant at Balvicar Centre—

	Male	Female	Total
Audiologist	56	34	90
Dentist	16	9	25
Educational Psychologist ...	47	25	72
Neurologist	12	5	17
Ophthalmologist	47	26	73
Orthopaedic Surgeon	44	23	67
Otologist	4	2	6
Paediatrician	35	23	58
Psychiatrist (Mental Deficiency)	3	—	3
	<hr/> 264	<hr/> 147	<hr/> 411
Griffiths assessments carried out by Medical Officer at Centre ...	<hr/> 49	<hr/> 30	<hr/> 79
	Male	Female	Total
Children receiving Physiotherapy at Centre	8	5	13
Children receiving Speech Therapy at Centre	5	1	6
Children referred to hospital for further investigation <i>re</i> Vision	6	7	13

Physiotherapy.—An increase in the number of cases requiring treatment makes it necessary to provide extra facilities. The response to cases referred for early treatment, especially the spina bifida group, is very encouraging.

Speech Therapy.—Although there is a waiting list for speech therapy this service was only available for six months of the year, owing to shortage of staff.

Play Therapy.—Forty new cases were admitted to play groups during the year (27 boys and 13 girls). The total number attending was 52 (32 boys and 20 girls) and the total number of attendances was 493.

There is an increase in the attendances this year. Play therapy plays an important part in the treatment of the children attending the Centre and will certainly require more sessions.

Special Day Nursery.—During the year there were 27 admissions (18 boys and 9 girls) and 22 dismissals (16 boys and 6 girls).

As will be noted in the statistics, there is a preponderance of mentally retarded children attending the Centre and this is reflected in the Special Day Nursery. The lack of stimulation for spina bifida, cerebral palsied and other handicapped children with a high I.Q. is thus becoming a problem.

Analysis of Dismissals.—Educational placement is decided for all children as they approach five years of age, taking into account consultant's advice and psychologists' reports. A Senior Medical Officer from the Educational Health Service, in conference with the Medical Officer of the Centre, considers what is best for each individual child. In this way it is hoped that the child will have opportunity to reach his or her potential. The parents are invited to attend on this occasion.

<i>Analysis of Dismissals</i>				Male	Female	Total
Ordinary School	...	...	...	19	8	27
Special School	...	...	...	7	6	13
Occupational Centre	...	...	...	5	5	10
Unfit for Education or Training				6	4	10
Permanent Residential Care	...			—	2	2
Nursery Class—						
Kelbourne School	...	...	...	2	—	2
Parkhouse School	...	...	...	3	1	4
Kelvin School	...	...	...	5	—	5
St. Vincent's School	...	...	...	—	1	1
Problem resolved	...	...	...	5	1	6
Assessment <i>re</i> Adoption	...	...	...	3	—	3
Transferred outwith Area	...	...	...	7	5	12
Home Tuition	...	...	...	1	—	1
Refused to return to Centre	...	...	...	2	1	3
N.A.D.	...	...	...	1	2	3
				<hr/> 66	<hr/> 36	<hr/> 102

Voluntary Workers.—A small number of voluntary workers have greatly helped the staff. Some of them have attended almost since the Centre was opened. Voluntary workers assist with play therapy, transport and clerical duties.

Teaching and Research.—Students have attended the Centre for instruction in Developmental Paediatrics.

- (1) Post-graduate Courses in Mental Deficiency (Glasgow University).
- (2) Social Science Course (Glasgow University).
- (3) Glasgow Training School for Health Visitors.

It is regretted that the D.P.H. students no longer attend.

Films.—Films have been produced with the help of the Health Education Officer of the Health and Welfare Department. These serve for both professional and lay purposes.

Drugs.—Drugs are being tested in cases of minimal cerebral dysfunction with hyperkinesis, as regards their sedative value. It is hoped to report on this at a later date.

Lectures.—Lectures have been given by the staff. No invitations, whether professional or lay, have been refused.

Liaison and New Services.—During the year the Medical Officer of the Centre has attended three Conferences convened by :—

- (1) Scottish Association of Mental Health at Dunblane Hydro (a weekend).
- (2) The Scottish Society for Mentally Handicapped Children at Strathclyde University.
- (3) The Society of Medical Officers of Health on Developmental Paediatrics at Guy's Hospital, London (weekend). At this Conference the Medical Officer of the Centre showed a film on the management of Blind Pre-school Children.

An article entitled "The First Year at Balvicar Centre" was accepted and published in February, 1968, by the "Journal of Developmental Medicine and Child Neurology".

Valuable collaboration in research projects was obtained following visits to the Centre by a Paediatric Surgeon from the Royal Hospital for Sick Children and a Consultant Paediatrician from the Glasgow Royal Maternity Hospital.

Also, visits to Kelbourne and Parkhouse Schools were made and liaison with the Blind Welfare Officer secured. The assessment of babies for adoption and fostering purposes continues. An additional Consultant has been seconded to attend the Centre—a Psychiatrist from Lennox Castle Hospital. This latter contact should make any subsequent need for residential care prove less traumatic to the parents.

Parents' Meetings.—These meetings, which are always well attended, took the form of two Group Discussions and a Panel which answered questions on educational placement. The staff and parents organised a coffee morning which was successful both socially and financially. The proceeds will augment the services, some of which are not at present available from official sources, and co-operation with the staff was regarded by the parents as a positive contribution.

Visitors.—Visitors have been numerous in 1968. Interest has spread regarding the work and Medical Officers and Social Workers from the World Health Organisation, Yugoslavia, Greece, Italy and India, as well as the United Kingdom, have been welcomed. Among these visitors was Dr. Mary Sheridan, a pioneer of Developmental Paediatrics.

Conclusion.—The ever-increasing number of referrals and the expanding services provided at the Centre are taxing the staff and premises to capacity. Parents and General Practitioners appreciate the advice and support which is now available. This prophylactic approach to mental health problems, along with the advancement of clinical knowledge, should prove of value to the community in the future.

BROOMHILL CENTRE

Broomhill Centre for handicapped children has 24 places for children under five years of age and 16 places for those over five years. As this Centre serves the City north of the river, there is a very great demand for admission and consequently a long waiting list. Applicants are assessed re suitability before being placed on the waiting list.

During 1968, 11 children were admitted and 10 were dismissed, as follows :—

- 5 went to occupation centre
- 1 went to Normal School
- 1 went to School for Physically Handicapped
- 2 went to Lennox Castle
- 1 went home.

The majority of children in the Centre show marked improvement physically, mentally and socially, showing undoubted value of this type of care for the young handicapped child.

SOCIAL PAEDIATRIC RESEARCH GROUP

Staff.—Dr. Elizabeth White joined the staff on 1st May, 1968 as Research Fellow to conduct studies in child development. Dr. White was previously a Senior Medical Officer in the Health Department of Luton C.B.

Miss Sandra Mackay was appointed as Research Assistant (computer programmer) from 1st October, 1968, having worked previously in the University computer department.

Miss Helen M'Intosh joined on 1st November, 1968, as Field Worker to undertake a confidential domiciliary enquiry into infant

deaths. Miss McIntosh was previously a Health Visitor on the staff of the Health and Welfare Department.

Miss Muriel Donald left on 31st May, 1968, having completed the interviewing for the study of maternity care, and Mrs. Elaine Taylor left on 30th September, 1968.

RESEARCH PROJECTS

An outline of the research being conducted by the Group is given below. In all these investigations valuable help has been received from the Health Department's medical, health visiting, maternity and clerical staff, the Corporation's computer department, the staff of the Royal Hospital for Sick Children and other hospitals in Glasgow, and from general practitioners. Generous financial support of these projects has been provided by the Scottish Hospital Endowments Research Trust, the Nuffield Provincial Hospitals Trust and the Children's Research Fund.

1. *The Glasgow child-health record-linkage system.*

The system became operative in August, 1968 and the first fruits of the system appeared in the form of tabulations on perinatal mortality in 1967 births. The documents being linked are :—

- (a) An abstract of the birth notification and birth registration,
- (b) Death registration,
- (c) A health-visitor report on obstetric and social factors concerned in childbearing, completed for each birth from information given by the mother and supplemented by information provided by liaison health visitors working in obstetric units, and
- (d) Change of address.

It is proposed to add the following documents in due course :—

- (a) The Health Visitor's Infant Welfare Record which has been restructured for use as a coding document, introduced on an experimental basis for children born in 1968,
- (b) Hospital in-patient data from the Scottish Home and Health Department (with the consent of the Consultant Paediatricians),
- (c) Notifications of handicapping conditions,
- (d) Notifications of certain infectious diseases,
- (e) Immunisation records,
- (f) School health service records.

A technical description of the record-linkage system and of its uses has been prepared for publication by the Nuffield Provincial Hospitals Trust. The existence of such a file of linked records provides many opportunities in both administration and research. In administration its main uses will be :—

- (1) Monitoring of community health by investigating trends in death rates, congenital malformations and other handicapping conditions, accident and sickness rates and by studying the effect of such factors as area of residence and social class.
- (2) Monitoring standards of medical care, e.g. selection for hospital confinement.
- (3) Computer control of immunisation appointments.
- (4) The identification of certain children requiring surveillance, e.g. those at high risk of developing a handicap.

In research its uses would include the compiling of a congenital malformations register from multiple sources and epidemiological investigation of these conditions, studies of associations between obstetric hazards and handicapping conditions and sibship studies of birth weight and length of gestation.

2. *Study of perinatal mortality and the use made of the maternity services.*

A statistical analysis of all Glasgow births in 1967 showed that 84.5 per cent. occurred in hospital, 1.4 per cent. in nursing-homes and 14.1 per cent. at home. The over-all perinatal mortality rate was 31.3 per thousand total births, being 32.8 for hospital births, 14.5 for nursing-home births and 17.8 for domiciliary births. Reasons for the high perinatal mortality in Glasgow include the following :—

- (a) The large proportion of high-parity births. A quarter of all births are to women having their fourth or subsequent infants and more than a third of the perinatal deaths occur in this group. The proportion of high-parity births is higher in Glasgow (26 per cent.) than in the rest of Scotland (17 per cent.) or in England and Wales (17 per cent.).
- (b) Poor maternal physique. Forty per cent. of mothers are short, i.e. less than 62 inches.
- (c) Poor selection for hospital confinement of women with certain obstetrical indications. For example, 25 per cent. of high-parity mothers (three or more previous births) were delivered at home, as were 16 per cent. of mothers with a history of previous stillbirth and 15 per cent. of mothers aged 35 years or over.

The part played by the mother, the general practitioner, administrative factors, etc. in determining the place of confinement have been studied. Three hundred and ninety-three randomly selected mothers were interviewed in their homes and the information they gave was supplemented by data abstracted from maternity records. Also, the general practitioners of these mothers were invited to comment on the maternity services and on their own role in selecting the place of confinement. A full description of this survey will be published by the Nuffield Provincial Hospitals Trust.

3. *Studies in Child Development.*

After conducting a pilot study of 75 children, Dr. Elizabeth White began the first part of this investigation. Ninety-seven randomly selected children were examined at home at 40 weeks and again at 52 weeks to determine their developmental attainments at these ages. Social and obstetric data were recorded and further obstetric and neonatal data obtained from hospital and domiciliary maternity records. Computer analyses will be made to investigate the range of development at each age studied, patterns of development and the influence of obstetric and social factors on the way children develop.

4. *An investigation of infant mortality.*

Because of the high infant mortality prevailing in the City, an investigation was begun, in the form of domiciliary interviews of mothers who had recently lost a baby aged between one week and one year, in the hope of uncovering preventable factors of importance. A preliminary analysis has shown the high incidence of "sudden unexpected deaths in infancy" ("cot deaths") in Glasgow.

5. *An appraisal of the "At Risk" Register.*

The performance of the Register in 1963-66 was examined (Medical Officer 1968, **119**, 201). Of infants surviving the neonatal period, 15.6 per cent. were considered to have a history of risk (increasing from 5.0 per cent. in 1963 to 23.1 per cent. in 1966). But it was found that only 30.6 per cent. of all handicapped children surviving the neonatal period had a risk history. Among children with certain conditions, most of which are not apparent at birth (congenital cataract, deafness, cerebral palsy, mental retardation, minimal cerebral damage), 56.4 per cent. had been considered at risk.

These findings confirm the view that a high proportion of handicaps will be missed if the search is confined to children having a risk history, and that there is no alternative to the careful surveillance of every child.

Colloquia.—During the year two meetings were arranged with the hope of encouraging discussion between paediatricians, Health Department staff and others interested in community health. Dr. M. A. Ferguson-Smith spoke on “Genetic Counselling” and Dr. George Urquhart on “Sudden Deaths in Infancy”.

Other Activities.—Members of the Group have lectured to outside bodies and have acted in an advisory capacity for other research projects.

Dr. Richards was invited to give the inaugural lecture on “Achievements and Aspirations” at the Joint Health Visitors’ Association Conference in Edinburgh and spoke at a symposium on Medical Record Linkage at the Scottish Hospital Centre.

Dr. Frances Hamilton was awarded the Littlejohn-Gairdner Prize of the Scottish Branch of the Society of Medical Officers of Health for an essay on “The Early Detection of Handicap in Children”. The essay was later published (*Medical Officer* 1968, **120**, 167).

Visitors.—The following overseas visitors visited the Group during 1968 :

Dr. M. Yousif, Department of Public Health, University of Khartoum, Sudan.

Dr. Trastotanojo, Head of Department of Child Health, University of Diponegoro, Indonesia.

Dr. Ranuh, Department of Child Health, Airlangga University, Surabaya, Indonesia.

Dr. Adeyokunnu, University College Hospital, Ibadan, Nigeria.

Publications.—Members of the Group contributed to the following publications :

Hamilton, F.M.W. “The Early Detection of Handicap in Children”. *Medical Officer* (1968), **120**, 167.

Hamilton, F. M. W., Richards, I. D. G., Barron, M. C., Mackie, E. M. and Finlayson, M. J. W. “The At Risk Register in Glasgow”. *Medical Officer* (1968), **119**, 201.

Richards, I. D. G. “Planning for the Community—Achievements and Aspirations”. *Nursing Mirror* (1968) **127**, no. 24, 9 and no. 25, 28.

Richards, I. D. G., Hamilton, F. M. W., Taylor, E. C., Sweet, E. M., Bremner E., and Price H. “A Search for Subclinical Rickets in Glasgow”. *Scottish Medical Journal* (1968), **13**, 297.

Richards, I. D. G., Sweet, E. M., and Arneil, G. C. "Infantile Rickets Persists in Glasgow". *Lancet* (1968), **1**, 803.

Rodger, C., Kerr, M., Richards, I. D. G., and Hutchison, J. H. "Measurements of Oxygen Tension in Subcutaneous Tissues of Newborn Infants under Normobaric and Hyperbaric Conditions". *Lancet* (1968), **2**, 232.

HEALTH VISITING SERVICE

This year has seen a reduction in the number of Health Visiting Staff, the number at the end of the year being 210. During the year, 17 joined the staff and 29 resigned. Of the latter, 14 retired, 14 left to go to other posts and 1 was seconded to the Social Paediatric Research Group for two years. There is still a serious shortage of trained staff but this is lessened by the fact that 14 recently qualified health visitors have remained on the staff under contract for one year, on completion of training in Glasgow.

Towards the end of 1968, the two dietitians resigned, one to take up a hospital post in England and one on marriage. These posts remained unfilled at the end of the year but it is hoped that they may be filled in the near future.

In June the Maternity and Child Welfare health visitor staff and the Tuberculosis health visitor staff were merged to undertake combined duties. This, it was felt, would widen the interests of both groups and prove more economical of staff time.

During 1968, owing to shortage of staff, it has not been possible to proceed to any great extent with the attachment of health visitors to general practitioners. By the end of the year three health visitors were working in this way and they and the doctors were enthusiastic about the advantages of the scheme.

In April 1968, the course of instruction on family planning held by the Family Planning Association was attended by 18 health visitors. The opportunity to attend this course was much appreciated and the knowledge gained by them will be put to good use in their clinics and in home visiting.

In addition to the day to day work of the health visitors, many demands are made on them in the training of students, not only from nursing but from other disciplines. Talks are given to various groups

in the evenings and in addition the staff support two special clubs for patients from psychiatric hospitals which are held weekly in the Child Welfare Clinics.

HEALTH AND TUBERCULOSIS VISITING

The following table shows the number of home visits and cases attended by the Health Visiting staff in 1968 :

NUMBER OF HOME VISITS AND CASES

Visited by Health Visitors, i.e., Certificated Health Visitors and others doing health visiting work						Number of cases	Number of visits
1.	Expectant Mothers ...	...	...	...	...	907	2,069
2.	Children born in 1968 ...	...	...	...	...	17,549	70,202
3.	Children born in 1967 ...	...	...	...	...	17,110	58,091
4.	Children born 1963-66 ...	...	...	...	...	45,907	91,244
5.	School children ...	...	...	...	...	12,010	11,858
6.	(a) Persons aged 65 and over ...	...	...	...	...	244	727
	(b) Persons included above who were visited at the special request of a general practitioner or hospital					131	343
7.	(a) Mental Health : care and after-care ...	...	...	...	...	1,219	7,497
	(b) Persons included above who were visited at the special request of a general practitioner or hospital					835	6,607
8.	(a) Other hospital after-care ...	...	...	...	...	26	60
	(b) Persons included above who were visited at the special request of a general practitioner or hospital					26	60
9.	Tuberculous households ...	...	...	...	...	7,765	16,735
10.	Other infectious diseases ...	...	...	...	...	191	444
11.	Other ...	...	...	...	...	756	959
Total ...						104,676	266,896

HEALTH VISITOR TRAINING SCHOOL

The 1967/1968 Course of Training commenced on Monday, 4th September, 1967, with a total of 28 students. Of this number 17 were assisted by the City of Glasgow Corporation and 10 were assisted or seconded on salary by other local Health Authorities in Scotland. One student who was accepted for training received an Education Grant from Glasgow Education Authority. One student, sponsored by the County Council of Lanarkshire, withdrew from the Course in December, 1967.

In November, 1967, the School moved to new premises at 112 Ingram Street. These spacious, well equipped premises form a complete teaching unit, which provides ideal facilities much appreciated

by tutors, students and lecturers to the Course. The generosity of the City Council is warmly acknowledged. The improved accommodation has made it possible to develop tutorial and group discussion methods of teaching with subsequent advantage to all concerned. Arrangements were also made for part-time clerical help, which has been a great asset to the organisation and administration of the Course.

This was the third year of the new syllabus of training and the pattern which has evolved proceeded smoothly.

The role of specially selected and trained Health Visitors as Fieldwork Instructors is an important one in the over-all Course of Training. Working in close liaison with the Tutorial Staff, they ensure that students' derive the maximum benefit from practical work experience. In accordance with the recommendations of The Council for the Training of Health Visitors, a number of students were placed with Fieldwork Instructors in local Health Authorities in the surrounding counties. Other members of health visiting staff and personnel in allied services also participated in practical work training. The co-operation of Local Authorities outwith Glasgow, Woodilee Hospital and other statutory and voluntary agencies in providing experience for students was invaluable.

As in the preceding two years, students submitted case studies of four families whom they had followed-up over a period of approximately seven months. These studies, together with a project, were used as a basis for the oral examination. The subjects for the projects which were chosen by the students provided experience in carrying out research and compiling the findings of their research in a particular field of work which would be of value in the future.

The written and oral parts of the qualifying examination were held in May and June, 1968, all arrangements being made by the Training School staff. The Moderating Committee of the Examination Board met in April, 1968 and was attended by the Internal and External Examiners to the Course. The Professional Adviser, who is the liaison between the School and the Council for the Training of Health Visitors, also attended. The Examiners' meeting, to discuss results, was held following the oral examination. The Internal Examiners who had all participated in the Course, hold appointments in the University of Glasgow, University of Strathclyde, Falkirk College of Education and in the Health Department. The tutorial staff also acted as Internal Examiners. Miss D. J. Lamont, Director of Advanced Nursing Education, City of Aberdeen, and Dr. T. Y. Bennie, County Medical Officer of Health for Renfrewshire, acted as External Examiners.

Twenty-five students were successful in the Examination; two passed with distinction. One student who failed the examination did not re-sit, and one student who was referred in one paper, was successful in the Examination in December, 1968.

Following the oral examination students had to complete a further period, approximately three months, of Practical Work Placement under the supervision of experienced Health Visitors to qualify for the award of the Certificate of the Council. The co-operation of Superintendent Health Visitors and County Nursing Officers in making arrangements for the placement of students was much appreciated.

The Prizegiving Ceremony was held in the Banqueting Hall of the City Chambers on Friday, 23rd August, 1968. The presentation of awards and Training School Certificates was made by Mrs. A. Miller, wife of the Medical Officer of Health who presided over the function.

PUBLIC HEALTH TRAINING OF STUDENT NURSES

The Public Health Training for Student Nurses continued at 3 Lancaster Crescent, under the organisation and administration of the Health Visitor Training School. There were 14 courses completed during the year, each course consisting of a three-week programme of combined theoretical and practical tuition by various members of the Health and Welfare Department.

The student nurses, who were seconded from the six general hospitals in the City, again expressed their gratitude to those members of the Public Health Department who had taken such an interest in their training, both theoretical and practical.

The appreciation of the value of the course was reflected by the fact that many former students returned to seek professional advice and several students made enquiries with regard to a future career in the Public Health Field. One hospital in particular, regularly followed up the secondment by setting the students an individual project on some aspect of community health.

At the end of the session, 399 students had completed training, compared with 416 in 1967. This current number included 18 male students as compared with 11 male students in the previous year.

DOMICILIARY MIDWIFERY SERVICE

In 1968 the number of registered midwives practising in the City was 86. Of these, 59 were full-time domiciliary midwives in the service of the Corporation and five part-time ; included in this number are the Chief Supervisor and nine Assistant Supervisors. The introduction of part-time midwives has been most successful. The five now employed are fully trained and qualified and have carried out their duties in an excellent manner. Of the remainder, 12 were Queen's Nurses engaged in full-time midwifery and other 10 midwives were employed in association with maternity homes.

The Corporation midwifery service has, since its inception in 1940, been very popular with Glasgow mothers and many of them, having experienced the advantages of this service during their first confinement, now readily book a Corporation midwife for their second and subsequent pregnancies. Far too many women, however, delay booking a midwife for the approaching confinement until well into the seventh or eighth month. In 1968, of the 3,189 applications, 371 were not made till the seventh and 248 till the eighth month of pregnancy. No less than 79 applications were made as late as the ninth month. This militates against the mother receiving adequate antenatal care and sufficient mothercraft teaching from the midwives.

During the year the municipal midwives attended 1,597 cases, paying 17,644 antenatal visits and 27,184 during the puerperium, while the Queen's Nurses attended 268 cases, to whom they paid 7,999 visits.

A supervisor is always on duty, day and night, to deal with emergency calls and/or arrange for admission to hospital. The close co-operation which exists between the hospitals and district staff is invaluable in an emergency and is very much appreciated. In addition, a considerable part of the work of the supervisors is the general supervision of midwives under the Midwives (Scotland) Act, 1951, and the inspection of the patients' homes with regard to their suitability for a confinement. All midwives are encouraged to report cases where the house is only a single apartment or overcrowded, so that arrangements may be made for the confinement to take place in a hospital. Where necessary, the aid of the Department's disinfecting staff is invoked to have the houses sprayed or disinfected and washing done prior to the confinement taking place—a much appreciated service.

Maternity outfits are available on application for women who are to have a home confinement and 2,580 of these, costing 16s. 10d. each, were issued free of charge in 1968.

The introduction of these sterilised dressings has been of the greatest benefit to both patient and midwife, not least as a practical demonstration of the value of personal hygiene.

Entonox and Trilene can now be administered by midwives to those patients certified by their doctors as requiring it. Only midwives duly certified by the Central Midwives' Board as being properly qualified to administer such analgesics are permitted to do so.

The domiciliary staff also undertake the training of pupil midwives from the maternity units of the following hospitals :—Stobhill, Southern General, Glasgow Royal Maternity Hospital, Queen Mother's Hospital, Eastern District, Robroyston and Redlands. The scheme provides that there is always a domiciliary midwife at each confinement. For this training 54 of the midwives are approved by the Central Midwives' Board. During the year, 298 pupils from the above hospitals attended 1,129 confinements and made 10,680 puerperium and 4,741 antenatal visits. Training of pupil midwives is also carried out by the District Nursing Association and reference to this will be found in the Home Nursing Section of this Report.

Post-graduate courses for midwives are held each year in one or other of the larger cities and six midwives are authorised to attend.

The following table shows the work carried out by the midwives during 1968.

Number of births classified to show nature of attendance at birth :—

Cases dealt with under Section 23 (2) of
the National Health Service (Scotland)
Act, 1947.

	Doctor present at actual confinement	Doctor present at any time during Labour	Doctor not present at any time	Midwife alone (no doctor engaged)	Total
(a) Midwives employed by the Authority	794	164	502	137	1,597
(b) Midwives employed by voluntary organisations	88	150	30	—	268
(c) Total	<u>882</u>	<u>314</u>	<u>532</u>	<u>137</u>	<u>1,865</u>

Fees to doctors attending emergency cases amounted to £22 12s.

OPHTHALMIA NEONATORUM

The number of cases of ophthalmia neonatorum notified during 1968 was 21.

The cases were classified as follows :—

Gonococcal ophthalmia	...	9
Purulent conjunctivitis	...	7
Simple conjunctivitis ...	...	5

Age at onset was as follows :—

- 12 hours	...	...	2
- 4 days	...	...	9
- 8 days	...	...	6
+ 8 days	...	...	4

Attendance at birth was as follows :—

General Practitioners	...	2
Institutions	...	19
District Nurses	...	—
Midwives	...	—

Bacterial examination was carried out in 18 cases with the following results :—

Gonococcus	...	9
Staph.aureus	...	3
Staph.albus	...	1
Coliform	...	1
Haemophilus influenzae	...	1
No organism found...	...	3

In three cases it was not stated whether a swab had been taken before notification.

Six cases were admitted to Ruchill and two to Belvidere.

There were three notifications more than in 1967 and the number of gonococcal ophthalmias increased by three.

PUERPERAL FEVER AND PUEPERAL PYREXIA

During 1968, 53 cases of puerperal pyrexia were notified, compared with 67 in the preceding year. There were no notifications of puerperal fever in 1968. Since May, 1967, abortions have been treated in various hospitals and have no longer been admitted to Robroyston Hospital. It appears that prior to this, notification was made to facilitate admission and this no longer applies.

WELFARE FOODS, 1968

DETAILED ACCOUNT OF THE YEAR'S WORKING

The distribution of Welfare Foods was taken over from the Ministry of Food on 28th June, 1954.

Under the Ministry of Food there were twenty-five distribution centres in Glasgow. There are now thirty-five centres. The additional centres are necessary to cover the outlying housing schemes.

The documents of entitlement to Welfare Foods are issued to beneficiaries by the Ministry of Social Security on application.

The welfare price of National Dried Milk was increased from 10½d. to 2s. 4d. per packet in 1957, and since then there has been a continuing drop in demand. The increase in price is not the only reason for the decline in issues, the other contributing factor being babies now being given solid foods at a much earlier age.

National Dried Milk may be purchased at a price of 4s. per packet if no valid token is available. The average weekly issue of such milk in 1968 was 223 as compared with 262 in 1967 and 330 in 1966.

From 1st June, 1961, the following price increases for vitamin products came into effect :—

Orange Juice...	...	1s. 6d. per bottle, previously 5d.
Cod Liver Oil	...	1s. per bottle, previously free.
Vitamin Tablets	...	6d. per packet, previously free.

Tokens are no longer required for vitamin products (other than free issues) and no proof of identity is required of beneficiaries. This last increase brought about a further very considerable reduction in the demand for Vitamin products throughout the country and the decrease in Glasgow was on a par with the rest of Britain.

VITAMIN PRODUCTS

PERCENTAGE UPTAKE OF POTENTIAL

		1968	1967	1966	1965	1964	1963	1962
Orange Juice	...	6.0%	6.8%	6.4%	6.2%	5.8%	4.9%	3.6%
Cod Liver Oil	...	3.2%	3.7%	3.7%	4.3%	4.9%	3.9%	3.2%
A and D Tablets		11.0%	10.0%	9.7%	9.2%	9.4%	7.9%	5.9%

No reasonably accurate figure of uptake of potential can be given in regard to National Dried Milk because milk tokens can be used for either Liquid or Dried Milk.

SECTION IV

SCHOOL HEALTH SERVICE

GENERAL INTRODUCTION

This Report is the 59th since the establishment of school medical inspections in Glasgow in 1909. It is interesting to reflect on the changing pattern of the Service in these years. Set up to be interested in the child throughout his educational life and based at its inception on prevalent physical defect, an era was reached between 1948 and 1960 when, with immunisation, advances in medication and generally improved conditions, physical handicap almost ceased to be an entity in the provision of special education.

Training and thinking of staff became directed towards the understanding of mental disorders, both handicap and maladjustment. Obstetric and surgical advances have brought the cycle round once more to consideration of the educational needs of increasing numbers of physically handicapped children as well as those suffering from varying degrees of brain damage. The physical handicaps now, however, are of a more sophisticated pattern than those with which the Service was involved at the beginning of the Century.

With all this plethora of useful and exciting work in the Community it is sad to record that, for the first time in years, a full medical staff is no longer available. Two of our male medical officers died while still in middle age, another retired owing to ill health and there were two resignations for more lucrative employment. All of these personnel were trained and experienced in working in the educational field and they have not been replaced. It is not enough to be a defect-finding service, staff must be able to advise our education colleagues on the problems a child presents and the ability to do this comes only with time and application to the understanding of the problems of the teacher, the classroom and the subject taught. Part-time assistance is invaluable, without it the Service could not function, but the value of continuity is lost and the many specialised areas of the work cannot be covered.

Medical Inspection.—In this year our School Medical Record Card was replaced by a card designed by the Scottish Home and Health Department so that statistics could be extracted by computer in

Edinburgh instead of by our previous Hollerith Card system. The aim was to have a card from which a diagnosis could be readily extracted. A provisional list of defects probable among school children was compiled from the International Nomenclature of Diseases and it was from this list that medical officers worked. We were reluctant to risk transfer of our medical record cards from school to administrative headquarters and then to Edinburgh for computing; with the close contact we have with our schools it is important that a child's record should be at all times at hand. Permission was given by the Scottish Home and Health Department for us to make a duplicate copy of the page required for computing and this then was sent to Edinburgh. Under this new scheme statistics for routine medical inspection were required for 5-year-old (entrants) and the 13-year-old (leavers). We had previously kept separate records of nursery school, senior secondary and "other age" groups, this latter group often covering immigrant children who arrived between the statutory ages for routine inspection.

By using the duplicate copy for transmission to Edinburgh we avoided being deprived of our medical records for long spells but it did not prevent delay in return of statistical information which was not available from the computer until Easter, 1969. The decoding of this return revealed some extraordinary conditions purporting to have been diagnosed at routine medical inspection. While the more flamboyant diagnoses cannot be accepted as factual, after discussion it has been agreed that the recording is too large and too remote for rechecking and so these anomalies have to be ascribed now to human error or the waywardness of the computer.

There has been a slight increase in the numbers seen during school routine inspections namely in "other ages" and "leavers." "Non-routine" examinations which are consultations held at the request of teacher or parent are increased by almost 2,800 and the follow-up of "at risk" children is increased by 3,355. It was possible to allocate more time for these special examinations as the need to examine children going on holidays abroad and to camps fell by 2,500.

Children systematically examined in nursery school increased by 600 on the previous year. This increase in nursery school children was due to more schools taking children for half a day so that more children can benefit from nursery school education. This meant doubling visits to each nursery school and while the new entrants were examined the non-routine consultations and testing of eyesight by E test fell because of inability to provide more visiting periods. The nursery class for Thalidomide children ceased with all of the group going on

to school. This was an inspiring little group of children and an experience enjoyed by all who came in contact. Apart from two who required help with toileting for a longer time, all went to ordinary school.

Medical Treatment.—General diseases treated were fewer except for enuresis. Children suffering from this condition make the rounds of all possible therapeutic agencies. When they attend hospital out-patient departments we are frequently requested to provide “bell-beds.” Such requests from hospital departments have increased this year.

More cases of skin disease were treated, the increase being particularly due to scabies, impetigo and urticaria. Fewer eye diseases were treated, blepharitis and hordeolum showing the biggest reduction.

Increasing use was made of the Keystone Vision Tester, 6,315 children having been tested. However, fewer cases of defective vision could be treated at clinics because of a shortage of ophthalmic medical officers.

With Mearns Kirk Hospital admitting fewer cases than the previous year, fewer ear, nose and throat operations were performed. This was offset to some extent by the Ear, Nose and Throat Hospital increasing its quota slightly—but even so our waiting list for operations rose to over 600.

Slightly more new orthopaedic cases were seen by school medical officers and the orthopaedic surgeon and the number of clinic attendances for physiotherapy similarly increased. The experiment of bringing the cerebral palsy children by bus to their school at Kelbourne for treatment during the Easter and Summer holidays proved successful; physiotherapy, hydrotherapy, occupational therapy and speech therapy are all available at Kelbourne and although physiotherapy could be provided at clinics near their homes few of these children were previously able to take advantage of this.

Lack of cleanliness still presents a distressing feature. Due to depletion by retiral of nursing staff fewer inspections (by 2,200) were carried out by cleanliness nurses. An additional Hygiene Unit was established making a total of 33 within schools; 34 parents were convicted under Section 61 of the Education (Scotland) Act, 1962.

The Service with members of the Special Schools and the Youth Employment Departments took part in a new scheme aimed at providing work assessment for mentally handicapped boys, designed to study their capabilities and fit them into work best suited to them

in an endeavour to settle them into regular employment on leaving school. Work experience and assessment were provided at the Industrial Rehabilitation Unit at Hillington where the boys spent the last 10 weeks of their school life being assisted by a teacher who related education to the patterns of work experienced.

The Service in Hospital Scheme continued successfully with still further hospitals offering places for the pupils. This scheme is now so much part of the educational system that it is almost self-managing. It is interesting to see that some of the girls have subsequently been encouraged to take up nursing as a career.

Our Health Education programme is an integral part of the work of the Service. The Education Television programme of 10 lessons of 10 minutes' duration to 5-6 year olds was finally completed and beamed out to Infant Schools. An article on its evaluation was published in *The Medical Officer* on 21st June, 1968. With boys and girls of 15 years of age a discussion was held and recorded by the BBC who incorporated it into a programme on "Health for the 15-year-old." Members of staff are interested participants in the work done by the Scottish Council for Health Education and regularly take part in teaching methods of health teaching in the many seminars which the Council runs. Health Education goes on at all levels of age in schools but really reaches its maximum of interest and usefulness in the Further Education Colleges where once pre-vocational medicals are over, through the student health service we provide, problems are aired, and discussed, and a very high level of sophisticated Health Education takes place. It is gratifying that copies of our syllabus compiled for guidance of our staff have been much in demand from all over the world and we have several colleagues in other areas who write to us of their progress and visit us seeking new ideas when they are near Glasgow.

The Service continues to enjoy and to benefit from the wide secondment of hospital consultants who attend at our clinics providing advice and treatment. In addition I wish to record my thanks to the many hospital departments with whom we have close working arrangements.

It is a pleasure to thank the Convener and Members of the Education Committee who constantly show their interest in promoting the healthy development of the school child. I am grateful for the help and encouragement they have given me. It is a pleasure to thank the Director of Education and all members of his staff with whom this Service works so closely and who constantly provide a friendly good-will in our work with them.

GENERAL STATISTICS

Area of City in acres	...	...	...	...	39,725
Population of the area as at December, 1967	...	...	...	...	953,141
School Population	...	...	...	...	172,861
Density of Population per acre	...	...	...	...	24
Number of Schools—					
(a) Primary	...	...	...	...	210
(b) Secondary	...	...	...	...	67
(c) Schools for Handicapped Children	...	...	...	...	25
(d) Occupational Centres	...	...	...	...	11
(e) Approved Schools	...	...	...	...	2
(f) Residential Schools	...	...	...	...	13
(g) Nursery Schools	...	...	...	...	55
(h) Hospital Schools	...	...	...	...	8
(i) Agricultural Schools	...	...	...	...	1
(j) Gardening Schools	...	...	...	...	1
Total Schools Under Education Authority					393
(k) Schools in receipt of Grant and under Medical Inspection	...	...	...	...	10
					<hr/> 403 <hr/>

SANITARY CONDITION OF SCHOOLS

During the Session, 240 visits were paid to 219 schools for the purpose of general inspection. In the same period, 67 visits were paid to 61 kitchens and dining halls where meals for school children were prepared and served.

ORGANISATION AND ADMINISTRATION

SYSTEM AND EXTENT OF MEDICAL INSPECTION
AND TREATMENT

INSPECTION

Routine Medical Inspection in ordinary schools was given to Entrants—Infants and those born in 1954 and 1951; doctor/health visitor team tested, for vision only, those born in 1958. In addition, Routine Medical Inspection was carried out in schools and classes for handicapped children.

Other arrangements were broadly similar to those in the previous year.

TREATMENT

A list of the school clinics and services given were as follows :—

CLINIC	Skin, Eye, Ear and other minor diseases	Refraction	Dental	Special Skin	Ultra-violet ray	Orthopaedic	Scabies Baths
80/90 Kinfauns Drive, W.5	1	1	2	—	—	1	—
18 Pleau Street, W.4	1	—	1	—	—	—	—
4 Sandy Road, W.1	1	1	1	—	—	—	—
130 William Street, C.3	1	—	1	1	—	—	—
91 Denmark Street, N.2	1	1	2	—	—	—	—
Hyde Park School, N.1	1	1	1	—	—	—	—
15 Glenbarr Street, N.1.	1	1	4	—	1	1	1
60 Avenuepark Street N.W.	1	1	1	—	—	1	—
40 Grovepark Street, N.W.	1	1	1	—	—	—	—
2 Lochdochart Road, E.4	1	—	—	—	—	—	—
5 Craiglockhart Street, E.3	1	—	—	—	—	—	—
74 Wellhouse Crescent, E.3	1	1	—	—	—	—	—
155 Crail Street, E.1	1	1	2	—	—	—	—
23 Acorn Street, S.E.	1	1	—	—	—	—	—
10 Redan Street, S.E.	—	—	1	—	—	—	—
22 Arnprior Quadrant, S.5	1	1	—	—	—	—	—
Ashtree Road, S.3	1	1	2	—	—	1	—
Calder Street School, S.2	—	—	1	—	—	—	—
26 Florence Street, C.5	1	1	2	—	1	1	1
Netherplace Road, S.W.3	1	1	1	—	—	—	—
74 Berryknowes Road, S.W.2	1	—	—	—	—	—	—
Fairfield School, S.W.1	—	—	1	—	—	—	—
St. Anthony's School, S.W.1	1	—	—	—	—	—	—
29 Govan Road, S.W.1	1	1	1	—	—	—	—

Two mobile dental units were functioning during the Session—
No. 1 Unit at Castlemilk and No. 2 at Easterhouse.

Other treatment facilities provided were as before.

CO-ORDINATION WITH OTHER DEPARTMENTS OF THE AUTHORITY

During six weeks in July and August, 1968, arrangements were again made for children suffering from otorrhoea, epilepsy, enuresis, ped. cap. and other conditions to spend a holiday in Seafield Residential School, Ardrossan. The numbers accommodated were: from 1st to 12th July, 28 boys and 30 girls; from 16th to 26th July, 37 boys and 23 girls; from 29th July to 9th August, 26 boys and 23 girls; total 167.

MEDICAL EXAMINATION OF SCHOOL MEALS STAFF

			Numbers		Numbers	Found	Number Deferred
			Summoned	Attended	Fit	Unfit	
<i>New cases—</i>							
Full-time	...	...	1,032	734	639	40	55
Part-time	...	...	645	476	419	16	41
<i>Old cases—</i>							
Routine Examinations			762	607	584	5	18
			<hr/> 2,439	<hr/> 1,817	<hr/> 1,642	<hr/> 61	<hr/> 114

CO-OPERATION WITH OTHER OUTSIDE AGENCIES

By arrangement with Professor Hutchison of the Royal Hospital for Sick Children, 29 D.C.H. students visited several nursery schools and school clinics.

School Clinics referred to hospital 451 cases (254 boys and 197 girls), the ailments from which they suffered being as follows:—

						Boys	Girls
Skin—							
Wounds, etc. (minor injuries) ...						120	93
Fractures ...						25	18
Other skin conditions...						42	36
General ...						39	25
Eye ...						3	4
Ear, Nose and Throat ...						25	21
						<hr/> 254	<hr/> 197

Glasgow Convalescent Home, Lenzie, continued to admit children during the year ending 31st July, 1968. One hundred and eighty-two children were summoned to school clinics for preliminary medical examination and, of the 139 who attended, 134 were considered suitable for admission to the Home.

During June, July and August, 80 children were summoned to school clinics for preliminary medical examination prior to going on holidays organised by the W.V.S. Sixty-nine children attended, 62 of these being considered "fit" and 7 "unfit."

MEDICAL TREATMENT

(A) MINOR AILMENTS

Throughout the treatment tables, "Single Visit Cases" includes those treated and disposed of at first visit, cases not for treatment and cases without apparent disease.

(1) CUTS, BRUISES, SPRAINS, MINOR INJURIES, ETC.

<i>Details of new cases—</i>	Boys	Girls	Total
Cuts, bruises, sprains, etc. ...	2,535	1,601	4,136
Burns and scalds	188	144	332
	<u>2,723</u>	<u>1,745</u>	<u>4,468</u>

The attendances are included with those for skin conditions (page 111).

(2a) DISEASES OF THE EAR

EXAMINED ONLY.

	Boys	Girls	Total
Recommended operation for tonsils and/or adenoids ...	75	80	155
Other operations recommended	2	1	3
Referred to hospital	1	2	3
Single visit cases	190	183	373
Totals	<u>268</u>	<u>266</u>	<u>534</u>

TREATMENT AT CLINICS—

<i>Details of new cases—</i>	Boys	Girls	Total
Chronic suppurative inflammation (Otorrhea)—Single ...	82	59	141
Double ...	8	4	12
Results of above diseases ...	12	14	26
Retracted membrane	20	17	37
Chronic aural catarrh	26	15	41
Ceruminous collection (wax)	50	69	119
Nasal catarrh	21	24	45
Laryngitis	5	8	13
Polypus	1	1	2
Other diseases	84	79	163
	<u>309</u>	<u>290</u>	<u>599</u>
Cases from previous session ...	355	289	644
Totals	<u>664</u>	<u>579</u>	<u>1,243</u>
Clinic attendances of above cases	<u>7,191</u>	<u>5,544</u>	<u>12,735</u>

EXAMINATIONS BY SPECIALISTS

Cases to the number of 1,865 (1,101 boys and 764 girls) were summoned to school clinics for examination by aurists. Of that total 532 (324 boys and 208 girls) failed to attend, the remainder being dealt with as under :—

At school clinics—

	Boys	Girls	Total
Recommended operation for tonsils and/or adenoids ...	72	69	141
Other operations recommended	6	3	9
Referred to hospital ...	74	55	129
For X-ray ...	62	37	99
For Audiogram ...	77	75	152
For Hearing Aid ...	2	—	2
Other recommendations and treatments ...	484	317	801
Totals ...	777	556	1,333

AUDIOMETRIC EAR CASES

Cases attending ear clinics were referred for audiograms and for examination by the specialist or medical officers attached to ear clinics, with the following results :—

Summoned 108 (55 boys and 53 girls) ; attended 71 (36 boys and 35 girls) ;
Recommendations included audiograms 61 ; front seat 9 ; lip-reading 6 ; hearing-aid 4 ; tonsil/adenoid operation 4.

X-RAY EXAMINATIONS

Cases which included some children from the audiometric surveys, were X-rayed in Stobhill Hospital and at Florence Street Chest Clinic, on the recommendation of the specialists, with the results as shown. A few were X-rayed for more than one condition.

	Positive		Negative		Totals		
	Boys	Girls	Boys	Girls	Boys	Girls	Totals
Sinuses ...	32	12	15	12	47	24	71
Mastoids ...	4	3	4	—	8	3	11
Mastoids and sinuses ...	3	4	3	2	6	6	12
Others ...	1	2	—	1	1	3	4
Total examinations ...	40	21	22	15	62	36	98

(2b) DEFECTIVE HEARING

During the year ended 31st July, 1968, the work done in connection with cases of defective hearing was as follows :—

Classification—Pupils to the number of 655 were summoned with a view to grading as regards special education and, of that total, 443 (277 boys and 166 girls) attended, 19 being graded for deaf classes and 13 for partly deaf classes. The specialist also made the following recommendations :—

Audiogram, 198 ; hearing-aid, 37 ; clinic treatment, 22 ; front seat in class, 20 ; lip-reading, 13 ; tonsil/adenoid operations, 49 ; aphasia class, 10 ; speech therapy, 11 ; and other recommendations 27.

Hearing Aids—52 children (32 boys and 20 girls) had hearing aids recommended and supplied. Proprietary aids were recommended by the specialist for 3 boys and 1 girl.

Audiograms—1,082 (639 boys and 443 girls) were tested by audiogram at Florence Street Audiometric Clinic.

(3) DISEASES OF THE EYE, EXCLUDING DEFECTIVE VISION

	Boys	Girls	Total
<i>Details of new cases—</i>			
Blepharitis	208	192	400
Hordeolum (Stye)	92	98	190
Conjunctivitis, catarrhal ...	83	80	163
Conjunctivitis, muco-purulent	3	4	7
Ophthalmia, strumous (includes Phlyctenular conjunctivitis and keratitis)	—	—	—
Keratitis (interstitial) ...	—	—	—
Corneal ulcers	—	—	—
Corneal opacities	—	—	—
Dacryocystitis	—	—	—
Epiphora	—	—	—
Injuries	37	20	57
Other diseases	40	40	80
Single visit cases	136	174	310
	599	608	1,207
Cases from previous session ...	29	26	55
	628	634	1,262
Clinic attendances of above cases	3,795	3,618	7,413

(4a) DISEASES OF SKIN, EXCLUDING RINGWORM AND FAVUS

	Boys	Girls	Total
<i>Details of new cases—</i>			
Scabies	387	348	735
Pediculosis capitis	40	54	94
Impetigo Contagiosa	801	517	1,318
Ped. Cap. and Imp. Cont.	37	63	100
Ecthyma	24	23	47
Dermatitis seborrhoeica	50	80	130
Eczema	55	54	109
Alopecia areata	5	10	15
Psoriasis	9	10	19
Herpes zoster (shingles)	27	38	65
Lupus	5	7	12
Ulcers and abscesses	720	518	1,238
Urticaria	273	332	605
Warts	531	638	1,169
Other skin diseases	335	328	663
Single visit cases	1,801	1,551	3,352
	5,100	4,571	9,671
Cases from previous session	272	259	531
Totals	<u>5,372</u>	<u>4,830</u>	<u>10,202</u>
Clinic attendances of above and ringworm cases	62,287	56,621	118,908

Special Cleansing Clinics—

New cases, 758 ; Attendances, 2,371.

(4b) SPECIAL SKIN CLINIC

	Boys	Girls	Total
New cases	14	23	37
Attendances	105	139	244

(4c) BATH TREATMENT OF SCABIES

	Boys	Girls	Total
Cases receiving baths	884	1,035	1,936
Baths given	3,156	3,528	6,684

(B) DEFECTIVE VISION

(a) CASES DEALT WITH AT REFRACTION CLINICS

	Boys	Girls	Total
Subjected to refraction—			
Spectacles prescribed	2,768	2,468	5,236*
Spectacles not prescribed—			
For further treatment ... ..	...	...	3,045
No treatment required ... ..	...	...	764
			<u>9,045</u>
Not subjected to refraction—			
For further treatment ... ..	...	...	250
No treatment required ... ..	...	...	174
Postponed ... ..	...	...	368
			<u>792</u>
Total number dealt with at refraction clinics			9,837
Number of clinics held			894
Average number of children per clinic			11
Average number subjected to refraction at each clinic			10.2

* See page 112

At school clinics, 26 new occlusion cases were put on treatment while an additional 464 children were kept under observation. The number of children referred to hospital for further treatment was 229 and a further 591 were put off treatment.

At the end of the school session approximately 11,073 children were awaiting refraction, distributed as follows :—

New cases, 644 ; " failed to attend," 7,962 ; retests, 2,467.

*Classification of refraction errors was as follows :—

Hypermetropia			Myopia		Anisopia	Total
H.	H.A.	M.	M.A.	M.xA.		
946	1,937	1,109	541	611	92	5,236

(b) PROVISION OF SPECTACLES

New cases were supplied with spectacles under the scheme to the total of 4,678. The nickel type was provided in 1,530 instances free of charge and the cellulose acetate in 3,417 on payment by each parent of a contribution towards the cost. In addition one child who was allergic to nickel was supplied free of charge with the cellulose acetate type.

Replacements and repairs totalled 1,099, the details being as follows :—new lenses, 195 ; replaced lenses, 379 ; frames, sides, etc., 525 (nickel 173, cellulose acetate 352). A contribution towards the cost of replacement or repair was made by the parent in 333 instances. The other 19 had minor repairs done to the cellulose acetate type without the necessity of asking the parent to pay anything.

(c) KEYSTONE VISION CASES DEALT WITH AT REFRACTION CLINICS

Included in the figures in (a) on previous page are 1,864 cases which emanated from the testing of children's vision in schools by the Keystone apparatus. Of these, 1,739 were subjected to refraction, *956 (472 boys and 484 girls) of these having glasses prescribed, whilst 583 were referred for further treatment and 200 were considered as not requiring treatment. The remainder, 125, were not subjected to refraction and were noted " for further treatment " (52), " no treatment required " (30) and " postponed " (43).

*Classification of refraction errors was as follows :—

Hypermetropia			Myopia		Anisopia	Total
H.	H.A.	M.	M.A.	M.xA.		
229	346	212	55	96	18	956

At the end of the school year 2,687 children were awaiting refraction, in the categories shown :—

New cases, 1,041 ; " failed to attend," 1,646.

The results of Keystone screening in schools are given on page 149.

(C) EAR, NOSE AND THROAT OPERATIVE TREATMENT

(i) TONSILS/ADENOIDS OPERATIONS PERFORMED

The table below shows the number of operations for removal of tonsils and/or adenoids performed in the several hospitals during 1967-68.

	Boys	Girls	Total
Mearns Kirk Hospital	143	147	290
Ear, Nose and Throat Hospital	88	83	171
	<hr/> 231	<hr/> 230	<hr/> 461
Clinic (including Hospital) attendances	...	...	874

Other forms of treatment were also given to children receiving tonsils and adenoids operations, and a few patients were detained in hospital for more than the normal period before or after operations for medical reasons.

All children were instructed to report to the school clinic two weeks after discharge from hospital for post-operative examination.

The numbers on the waiting list at 31st July, 1968 (including a number recommended for other forms of treatment before operation) totalled 623 (371 boys and 252 girls).

(ii) OTHER EAR, NOSE AND THROAT OPERATIONS

In addition to those treated for tonsils and/or adenoids, children to the number of 29 were admitted to Mearns Kirk Hospital during the year for operative and other treatment of various ear, nose and throat conditions. Some of the patients were treated for more than one defect.

(D) ORTHOPAEDIC AND POSTURAL DEFECTS

The following are the statistics relating to the treatment of deformities at the five centres :—

	Boys	Girls	Total
Number of children examined by School Medical Officers ...	449	438	887
Orthopaedic Surgeon	781	650	1,431
Number of attendances of "old cases" reporting for observation	878	720	1,598

The staff of physiotherapists carried out treatment for the following cases :—

Details of new cases put on treatment at Clinics—

	Boys	Girls	Total
Deformities of spine (kyphosis, lordosis, scoliosis)	110	136	246
Paralysis, infantile and other	36	30	66
Flat-foot and other deformities of the foot	195	161	356
Wry-neck (torticollis)	2	—	2
Deformities of chest	94	48	142
Knock-knees	36	39	75
Others	6	12	18
	<hr/> 479	<hr/> 426	<hr/> 905
Cases from previous session ...	171	149	320
Totals	<hr/> 650	<hr/> 575	<hr/> 1,225

Discharged from Orthopaedic Clinic—

	Boys	Girls	Total
Fit	302	315	617
For hospital treatment ...	1	1	2
Transferred to other clinic or treated by appliances ...	16	16	32
For other reasons (leaving school, improved, etc.) ...	110	71	181
Totals	<hr/> 429	<hr/> 403	<hr/> 832
Number still on treatment ...	215	145	360
Number of attendances made by children for treatment	8,204	7,275	15,479

DEFORMITIES TREATED IN SPASTIC UNIT

Treatment provided in the various departments was as follows :—

	No. of Cases Treated			No. of Treatments		
	Boys	Girls	Total	Boys	Girls	Total
Physiotherapy	34	15	49	5,063	2,238	7,301
Occupational Therapy	34	15	49	2,144	1,120	3,264

Of the 11 children (all boys) discharged during the year, two had attained school leaving age, four were excluded, two were admitted to Stanmore House, and three were transferred to schools for the physically handicapped.

Admissions during the Session were four boys and ten girls.

Treatment was also provided for the children outwith the school term, the details being as follows :—

Holiday Period	Number of Cases Treated			Physiotherapy Treatments			Occupational Therapy Treatments		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Easter	20	13	33	25	19	44	25	19	44
Summer	18	14	32	84	62	146	56	38	94

(E) OTHER DISEASES

(a) CASES DEALT WITH AT THE REGULAR CLINICS FOR "GENERAL" DISEASES :—

	Boys	Girls	Total
<i>Details of new cases—</i>			
Bronchitis and bronchial catarrh	324	213	537
Anaemia and/or debility ...	677	702	1,379
Rickets	4	5	9
Tubercular conditions—			
Pulmonary (including contacts)	2	—	2
Non-pulmonary	—	—	—
Paralysis	—	1	1
Heart disease	14	9	23
Chorea	1	4	5
Enlarged tonsils and/or adenoids	41	43	84
Adenitis	8	8	16
Rheumatism	10	19	29
Enuresis	495	455	950
Malnutrition	2	4	6
Epilepsy	8	8	16
Digestive disorders	37	64	101
Infectious diseases	6	3	9
Mental deficiency	—	1	1
Nervous disorders	40	31	71
Others	226	226	252
Single visit cases	2,068	1,812	3,880
	<u>3,963</u>	<u>3,608</u>	<u>7,571</u>
Clinic attendances of above cases	8,861	8,210	17,071

(b) SUPPLY OF MEDICINES

	Boys	Girls	Total
<i>Details of new cases seen elsewhere than at "General" Clinics—</i>			
Sent from school inspection for immediate supply	119	94	213
Sent from skin, eye and ear clinics	1,982	1,755	3,737
Additional attendances at "General" Clinics for medicine	3,709	3,334	7,043
Totals	<u>5,810</u>	<u>5,183</u>	<u>10,993</u>

(c) ARTIFICIAL LIGHT TREATMENT

	Boys	Girls	Total
<i>Details of new cases—</i>			
Anaemia and/or debility ...	141	186	327
Nervous disorders	—	1	1
Chronic bronchitis	67	64	131
Rheumatism	1	—	1
Skin conditions	21	8	29
Rickets	3	—	3
Totals	<u>233</u>	<u>259</u>	<u>492</u>
Clinic attendances of above cases	3,477	3,914	7,391

(d) CASES SEEN AT CARDIAC CLINICS

The Heart Specialist from Stobhill Hospital again attended school clinics for the purpose of examining school children specially referred by School Medical Officers and recommending any necessary treatment. During the Session, 443 children (250 boys and 193 girls) were summoned, of whom 110 (62 boys and 48 girls) failed to attend. The remainder reported as follows :—

New cases		Re-examinations		Totals	
Boys	Girls	Boys	Girls	Boys	Girls
103	78	85	67	188	145

The Specialist referred 13 children (5 boys and 8 girls) for further investigation at the Cardiology Clinic or for admission to Stobhill Hospital, where some were operated on for the treatment of certain forms of congenital heart disease. In addition, 2 boys and 1 girl were referred to the E. N. and T. Specialist.

Electro-cardiographs were carried out at the school clinics for 85 boys and 70 girls.

During the year the children interviewed at special clinics and assessed as regards capability for suitable employment were as shown below :—

December, 1967, 2 ; June, 1968, 3.

Since the commencement of the scheme in June, 1950, 473 children in all had been seen at these interviews.

(e) CASES SEEN AT NEUROLOGY CLINICS

Dr. I. Draper, Neurology Specialist from the Western Infirmary, attended school clinics for the purpose of examining children specially referred by School Medical Officers and recommending any necessary treatment.

During the Session 135 children (95 boys and 40 girls) were summoned, of whom 26 boys and 7 girls failed to attend. The remainder were reported as follows :—

	Boys	Girls
Not to return	28	15
To be reviewed again later	41	18
Recommendations—		
For E.E.G.	21	10
For I.Q. Testing	—	1
To attend Special School	1	1
For School Report	1	—
For Dyslexia Class	3	2
For Change of Medicine	8	—
For Sleep Audio	2	—
For Admission to Killlearn Hospital ...	1	1
For Migraine Clinic at Western Infirmary	1	—

(F) TREATMENT AT SPECIAL SCHOOLS

The total treatments given by nurses were as follows :—

	Boys	Girls	Total
Ear conditions	1,784	2,374	4,158
External eye defects	1,189	1,398	2,587
Skin diseases	16,293	16,783	33,076
Uncleanliness (nits, vermin, etc.)	12,429	18,678	31,107
Medicines issued	23,468	18,410	41,878

SPECIAL SCHOOLS AND CLASSES
AND RESIDENTIAL SCHOOLS

(a) HANDICAPPED CHILDREN

Educational provision was made as follows in schools for handicapped children under the management of the Corporation :—

- (1) *Mentally Handicapped*—20 Day Schools, 1 Residential School and 11 Occupational Centres.
- (2) *Physically Handicapped*—10 Day Schools, 8 Hospital Schools and a Scheme of Home Tuition. (One day school made provision for spastic children and aphasic children between the ages of 3 and 16 years). The group of young children with disabilities caused by thalidomide has been absorbed into ordinary or P.H. schools. They have all attained school age.
- (3) *Defective Vision*—1 Day/Boarding School for blind children and 1 Day School for the partially-sighted. The former serves the whole of Scotland and Northern Ireland and accommodates Roman Catholic children. (Protestant blind children attend the Royal Blind School, Edinburgh).
- (4) *Defective Hearing*—1 Day School and 1 Day/Boarding School for the partially hearing and 2 Day/Boarding Schools for the Deaf. In addition, teachers from the Speech Reading Unit visit ordinary schools to give speech-reading instruction and auditory training to pupils not sufficiently deaf to require education by deaf methods. [Two teachers are also allocated to the Audiology Unit administered by Health and Welfare Department (Maternity and Child Welfare Section) where the hearing of young children under school age is investigated].

The age range for spastic children, blind children and those suffering from defective hearing is 3 to 16 years.

At 30th June, 1968, the number of children receiving special educational treatment in special schools administered by the Corporation was as follows :—

Physically handicapped children, 290 (including 46 in school for spastics, and 12 aphasic children); children with hearing defects, 218; children with defects of vision, 100; mentally handicapped (educable) children, 2,964; mentally handicapped (trainable) children, 430; total 4,002.

HOSPITAL SCHOOLS

The following is a list of the Hospital schools with the number of pupils receiving tuition at 30th June, 1968 :—

Drumchapel Home (33); Lenzie Home (27); Mcarnskirk Hospital (30); Victoria Auxiliary Infirmary, Philipshill (13); Royal Hospital for Sick Children (52); Stobhill Hospital together with annexe at the Royal Infirmary (Burns Unit) (75); Woodlands Day Centre (19); and Strathblane Home (20).

ASCERTAINMENT OF MENTAL HANDICAP

The number of children specially examined by School Medical Officers during the year regarding *mental defects* was as follows :—

	Boys	Girls	Total
First examinations ...	306	213	519
Re-Examinations ...	899	667	1,566
	<u>1,205</u>	<u>880</u>	<u>2,085</u>

Provision for After-Care in terms of the National Health Service (Scotland) Act, 1947, was continued throughout the year by the Health and Welfare Department.

Other details are :—

- (i) Number of boys/girls suspected of mental handicap and referred for examination under Section 63(2) of the Education (Scotland) Act, 1962 : Boys, 215 ; Girls, 201 ; total 416.
- (ii) Number of boys/girls ascertained as mentally handicapped and transferred to special schools or classes : Boys, 202 ; Girls, 123 ; total, 325.
- (iii) Number of boys/girls ascertained as mentally handicapped and transferred to junior occupational centres : Boys, 32 ; Girls, 24 ; total, 56.
- (iv) Number of boys/girls ascertained as mentally handicapped for whom no special educational facilities are available. On waiting list for Middlefield School : Boys, 7 ; Girls, 4 ; total, 11.
- (v) Number of boys/girls who were the subject of a report under Section 65 of the Education (Scotland) Act, 1962 : Boys, 17 ; Girls, 12 ; total, 29.

HOME TUITION SCHEME

At 30th June, 1968, the number of children participating in the Scheme was 20 and the main causes of incapacity were :—

Spina bifida, 2 ; arthritis, 2 ; bowel and bladder defects, 2 ; miscellaneous, 14.

In addition to the foregoing provision, Glasgow children in need of specialised care and attention were accommodated and educated at the following Centres not under the management of the Corporation :—

Coltness House, Wishaw—4 severely physically handicapped children.

Craigerne School, Peebles—4 maladjusted pupils (primary age).

Harmony House School, Balerno, Midlothian—1 maladjusted pupil (primary age).

Lendrick Muir School, Rumbling Bridge, Perthshire—4 maladjusted pupils (secondary age).

The Mary Hare Grammar School, Newbury, Berks.—2 Roman Catholic deaf girls taking courses leading to the Certificate of Education.

Trefoil School, Hermiston—1 physically handicapped boy requiring residential education.

Eastpark Homes, Glasgow and Largs—42 severely physically handicapped children requiring long-term nursing care.

Corseford School, Johnstone—3 spastic children requiring residential education.

Ladymary School, Edinburgh—3 Roman Catholic maladjusted children.

Castlecairg School, Peebles—3 physically handicapped pupils requiring residential education.

- Kilquhanity House School, Castle Douglas*—1 maladjusted boy (secondary age).
Stanmore House, Lanark—14 mentally handicapped spastic children requiring residential training.
Carsemeadow School at the Colony for Epileptics, Bridge of Weir—10 children suffering from serious epilepsy.
The Royal Blind School, Edinburgh—25 Protestant blind children.
De La Salle School, Northern Ireland—1 mentally handicapped maladjusted boy.
The Royal Scottish National Hospital, Larbert—30 mentally handicapped boys.
St. Joseph's Private Hospital, Rosewell, Edinburgh—3 mentally handicapped Roman Catholic children.
St. Charles' Private Hospital, Carstairs—26 Roman Catholic mentally handicapped children.
Merchiston House Hospital, Johnstone—3 mentally handicapped pupils.
Waverley Park Hospital, Kirkintilloch—29 mentally handicapped girls.
Birkwood Hospital, Lesmahagow—3 Protestant mentally handicapped children.
Caldwell House Hospital, Uplawmoor—18 mentally handicapped children.

(b) MALADJUSTED CHILDREN—CHILD GUIDANCE

(Mr. G. A. DELL, *Principal Psychologist*)

During the year under review the Child Guidance Service dealt with a total of 5,779 children. This represents a reduction of 66 over last year's figures. Total clinic attendances were 38,865, a reduction of 1,779. The most significant factor accounting for the reduced number of attendances was the fall in Speech Treatments from 14,126 to 7,917, corresponding with the reduction in Speech Therapy staff during the latter part of the 1967/68 session, and the transfer of some of their sessions to School Health Service clinics. Apart from this category of cases, attendance figures have remained fairly steady, with the exception of a marked increase in attendances for Educational Tuition, corresponding with a further expansion of tutorial class facilities. Five thousand two hundred and seven school visits were paid, and 1,875 home visits.

Of the total number of children 727 were seen in connection with ascertainment procedures. The great majority of the remainder were cases of poor adjustment or educational retardation, and treatment was offered as appropriate.

The most frequently recorded age of referral was 7 years, and the ratio of boys and girls referred was 2 : 1. Approximately 10 per cent. referrals were of children of secondary age.

Schools accounted for 3,429 referrals, and medical sources for 1,264. The remainder were referred by other statutory or voluntary organisations. Three hundred and nine were referred directly by parents or by self-referral.

Among the group referred for reasons of maladjustment, 496 showed symptoms of enuresis, 379 temper tantrums, 329 theft, 300 attention-seeking behaviour, 231 persistent lying, 265 truancy, 262 exaggerated defiance of authority, and 233 extreme shyness and inhibition. Other large symptom groups included soiling, fears, disturbed sleep, over-dependent and tearful attitudes, lethargy, aggressive and violent behaviour, and avoidance reactions.

Fuller information can be found in the report on the Child Guidance Service issued annually by the Education Department. Among the principal developments described in the report for 1967-68 are the opening of the first day school for maladjusted children at Govan in September, 1967, the strengthening of the interdisciplinary basis of the Service by the appointment of a Psychiatric Social Worker and a Social Worker in the Spring of 1968, and the completion of preparations for the re-opening of Nerston Residential School for maladjusted children of primary age.

(c) RESIDENTIAL SCHOOLS

The Centres outwith the City are listed below along with the accommodation available for pupils. Periods of residence varied according to the needs of the individual child and averaged four weeks for the normal child, four to six weeks for convalescents and two weeks for nursery children.

(i) NORMAL

Achnamara, Lochgilphead	...	36 Protestant boys and girls (Secondary 1st year).
Dalguise, near Dunkeld	...	48 Roman Catholic boys and girls (Primary V, VI and VII).
Galloway, Wigtown	... ..	112 Protestant boys and girls (Primary V, VI and VII).

(ii) CONVALESCENT

Agnes Patrick/Stevenson, Ascog		58 Roman Catholic boys and girls (8-15 years).
Caol Ruadh, Colintrave	...	36 Protestant boys (8-15 years).
Castle Toward, by Dunoon	...	100 Protestant boys and girls (8-15 years).
Craig, Kilmarnock	... ..	56 Roman Catholic boys (5-12 years).
Hillfoot, Bearsden	... ..	45 Protestant mentally handicapped children (7-13 years).
Lumsden, Maybole	... ..	29 Roman Catholic girls (5-12 years).
Seafield, Ardrossan	... ..	68 Protestant boys (5-12 years).
South Park, Ascog	... ..	28 Protestant girls (5-15 years).
Fornethy, near Alyth	... ..	74 Protestant girls (8-12 years).

(iii) NURSERY

Southannan, Fairlie	36 Protestant and Roman Catholic boys and girls (2-5 years).
---------------------	--------	--

ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN

(a) ADMINISTRATION AND NUMBER OF MEALS

On 31st May, 1968, there were 127 kitchens preparing meals for school children. In addition, one kitchen supplied Kosher meals to Jewish children. On an average day in May, 1968 (Monday, 6th May), the total number of dinners served was 76,961 of which 37,827 were supplied free, 12,993 of the latter being given to fourth and subsequent children in the family.

Dinners only were supplied to pupils of ordinary schools and schools for handicapped children. In Nursery Schools, dinners and teas were served, while a Health and Welfare Day Nursery received breakfast, dinners and teas.

The meals were served in 412 dining-rooms, 388 of which were on school premises, the remainder being in church and other halls.

The number of dinners prepared in kitchens during the year ended 31st May, 1968, was 18,810,659 compared with 17,914,043 in 1967 and 17,435,499 in 1966.

(b) FOOTWEAR AND CLOTHING

During the year 1st June, 1967, to 31st May, 1968, 2,573 children were provided with footwear and clothing as compared with 2,920 during the previous twelve months. The National Assistance Board continued to accept responsibility for the clothing requirements of children of their dependants.

(c) MILK SUPPLIED TO SCHOOL CHILDREN

All milk supplied to schools under the Milk in Schools Scheme was Tuberculin-Tested (Pasteurised).

The total number of milk rations during the year ended 31st July, 1968, was 34,756,591. The most recent census figures showed that 95·3 per cent. of the children present in school on a particular day in January, 1968, were taking school milk compared with 94·6 per cent. in January, 1967.

Food Inspectors of the Health and Welfare Department took 186 samples of milk for examination and of that number 14 failed to pass the coliform test. The average composition of samples was satisfactory at 3·75 per cent. milk-fat and 8·83 per cent. non-fatty solids. Of 40 samples supplied for biological examination as to the presence of tubercle, all were found to be negative.

LIAISON BETWEEN MEDICAL OFFICERS OF MATERNITY AND CHILD WELFARE SERVICE AND SCHOOL HEALTH SERVICE IN ASSESSMENT CENTRES

In Glasgow the School Health Service and the Maternity and Child Welfare Service are separate entities, thus the desirability, need and importance of linkage between the two Services come immediately to mind.

The Assessment Centres, under the aegis of the Maternity and Child Welfare Service, are two in number and deal with referrals and assessments of handicapped children under the age of five years. The School Health Service enters the picture at one of several points bringing with it the expertise of knowledge of the Education Act and of all facets of children in the educational system.

When the retarded child is nearing school age the procedure involves a joint consultation between the two medical officers in the clinical situation known to the mother and the child. The details are discussed and a total appraisal made. The factors are discussed with the parent and recommended action as regards placing is made to the Education Authority by the school medical officer. The parent at this meeting realises that the decisions made are based on full knowledge and co-operative action by all concerned and does not feel lost in impersonal machinery. By through linkage in this way of the support offered by the two Services the settling-in process of the child into an educational pattern is facilitated. The school medical officer interviews the parent and child again, usually in the school where the child will be entered, and this completes the process and continuity of action.

It may be that the handicapped child in the Assessment Centre offers problems, well below the age of five years, for which the School Health Service is geared, for example, deafness, language impairment, cerebral palsy. In these instances, after investigations are completed and counsellings made, the child can be placed in the appropriate setting, nursery for the deaf, nursery for the non-communicating child, or nursery for the cerebral palsied, through the aegis of the School Health Service.

The two groups are each a speciality in their own right, but with good linkage based on personal meetings, case counsellings and discussions. The individual child with handicaps can be greatly benefited by the combined expertise of the Services taking him from the early years into education.

EXAMINATION OF SCHOOL ENTRANTS

At no other school medical examination is there a consistently higher parent attendance (over 90 per cent.) than at the examination of school entrants. It is at this visit that the parent, the child and the school medical officer usually meet together for the first time. The parent forms her impression of the doctor and the School Health Service, while the doctor assesses the parent, the home background and the physical, mental and emotional health of the child. Often the parent of the child who fails to attend is the parent of the child most in need of care and attention.

The parent is given advice about the health of the child and, where necessary, the child is referred to other specialists in Ophthalmology, Ear, Nose and Throat, Audiology, Dermatology, Respiratory and Cardiovascular Diseases, Orthopaedics, Speech Therapy, Child Guidance and to the general practitioner. Nasopharyngeal defects rank high in the conditions found at examination, but it is encouraging that only a comparatively small number are referred for tonsillectomy. It is difficult to understand why there is an incidence of fully 3 per cent. who have untreated squints at school entry. Pediculosis continues to smoulder on; this infection would seem to be caused by a small core of difficult families.

One rather disturbing fact noticed during medical examinations is that children from broken homes account for almost ten per cent. of the families in one school. This is accepted quite openly as one of the hazards of modern life. One wonders how many problem children will result from this situation.

With the passing of the Glasgow school medical record card, some valuable statistical information such as "uncleanliness, clothing and footwear" will be lost and also such useful shades of meaning as "slightly defective nutrition." Unfortunately, it is not the case that these defects are now rare, at least in the poorer areas of the City. In general, the standards of the same social group are better in the entrants than in the thirteen-year-old routines.

Far from being one who is only given advice about pupils by the school medical officer, the teacher is often a very vital part of the health team. She is in an excellent position to observe the child and his reaction to his school environment. She observes behaviour, concentration and ability to learn; she can also report his shyness, aggression or defiance. With such a source of information the doctor is able to make a better assessment of the child. Any lessening of our

liaison with the school teacher is to be deplored, and the delegating of para-medical duties to non-teaching staff would seem to be a step in the wrong direction.

THE WORK OF CHILD GUIDANCE AS IT AFFECTS A SCHOOL HEALTH SERVICE HEALTH VISITOR

The School Health Visitor working with the Child Guidance Service is in the fortunate position of being able to study the School Child in all his or her environments, i.e., in the atmosphere of School during Routine Medical Inspection, at the Child Guidance Clinic and in the atmosphere of the home, all of which can give a slightly different picture of the child's personality, so enabling the Health Visitor to recognise the average School Child from the Problem Child.

The problem may be Medical, Social or Educational. No two children being alike, each must be treated as an individual. The Problem Child is not confined to one Social Class, but can be found in almost all classes of home. It is in this respect that the work can prove so interesting. Questions arising are the child's attitude in the home and relationships with parents and siblings where he is possibly protected and secure, personal relationships outwith the home, in school, his interest and participation in school activities and behaviour outwith both home and school. It is essential for the Health Visitor to be aware of all these aspects.

If the Health Visitor in this work is to be reasonably successful, she must co-operate closely with all concerned in the welfare of the child. This includes School Medical Officers, Child Guidance Clinic Staff and Teaching Staff in Schools. Her liaison with all must be good but, above all, she must realise that if the child is to be treated successfully, the co-operation of the parents is invaluable. An "open door" to the home must be maintained, particularly if there has been initial resentment on the part of the parents. She can in this way give supportive help to the parents and may advise referral of siblings to the Child Guidance Clinic for help.

Many parents are sensitive regarding their problem children and it can be all too easy for the Health Visitor to find herself mentally in sympathy with the child, especially after listening to an over-protective and sensitive mother. This is especially so in the case of the "rebel" child. It is in such cases that a balanced outlook is called for.

The work of the School Health Visitor in the Child Guidance Service is wholly and completely absorbing. The satisfaction it gives is in seeing the problem through to a happy and successful conclusion.

HEALTH EDUCATION

Health is an abstract, without emotional appeal, and so is not a headline hitter, yet knowledge of healthy living should be an essential in the totality of education presented to every child.

In Glasgow, 12 Further Education Colleges, 49 secondary schools, 51 primary schools, 3 infant classes, 4 mentally handicapped/physically handicapped schools and 2 approved schools participate in the health programme arranged by the School Health Service and 8 full-time Medical Officers, 11 part-time Medical Officers and 24 Health Visitors undertake this work. Each year more schools ask to be included in the scheme and this field of work could obviously be considerably expanded was there staff available. The size of the problem can be gauged when it is realised that in one Further Education College alone there are 2,000 full-time and about 6,000 day release students.

The framework of the talks incorporates instruction, discussion and promotion of healthy living and film strips, films and other audio-visual aids are used in furthering the concepts at issue. Audience participation is essential and part of every session is always made available for discussion of topics relevant to the subject or, indeed, for the airing of any point causing concern. School staffs are kept informed as to the programme content, and this allows for the ideas put over in the health teaching being supported and implemented in the general school experience.

Health Visitors and Medical Officers doing this work meet at intervals to compare and contrast their views, and it is of great interest to see how the varying personalities tackle this work. On the whole, they have all found that teaching boys and girls in mixed groups is satisfactory in the primary schools, but discussion is unsatisfactory unless the group is small. Equally, in the primary groups discussion may be difficult to initiate and motivating their interest may demand varying techniques. It is clear that each individual must gear the content, the timing, and the approach to the particular group and be flexible in application of the scheme.

The maturity of boys and girls is shown up in discussion as to the results of talks and it has been expressed by some of the staff that boys are often not ready to be interested in talks on puberty and adolescence as early as girls, and many feel that separation of boys from girls for such subjects is advisable. Again the climate obtaining in the school and the culture pattern of the group must be considered.

With regard to the films being used by the staff, these are inserted at appropriate points to illustrate the topic under discussion. In schools and colleges the film, "Smoking and You," has been used frequently. Some of the Further Education College students say this is quite ineffective as they intend to smoke in spite of the dangers expressed in the script. Many youths smoke 20 cigarettes per day. The financial side of this does not worry them, apparently, and they appear weary at being offered this material.

"Learning to Live" has been shown extensively in schools and colleges and interesting comment always ensues. The college students always say that this should have been shown them at the 13/14 year stage and they incline to the idea that this is much too simple for them. They know about anatomy and physiology of the male and female reproductive organs but they do wish information which is given them factually in answers to the questions they offer. The wide ranging topics which they raise show how much they are involved with magazine and newspaper articles and general peer group conversation, and how great is their need to have factual medical information to give them guidelines in their search for health attitudes.

They have indicated in questionnaires that the talks given by the teams fulfil a needful function and, furthermore, many state that parents could neither give them the information they wish nor hold a non-emotional constructive argument on these topics. Male and female members of the team appear to be equally acceptable; indeed one group of boys preferred a woman doctor and many teachers have expressed the view that the medical aspects of health education are best dealt with by the medical teams.

The film, "A Quarter of a Million Teenagers," has been used a great deal and it, too, provokes great interest. Again it is interesting to note that many of the students say they will not be discussing the content of the film with their parents. This lack of communication between the immediate members of the family nucleus is a sad feature.

"Narcotics—Your Decision" has proved to be of inordinate interest in the colleges. It is noted in talking to the young people that they have vague ideas about drugs and are relatively ignorant as to the source and dangers of drug taking. They do not admit to experimentation in group talks, though an occasional individual in a private interview may relate some experience involving himself. Local general practitioners do not feel drugs are abused by teenagers in this part of the country.

The film has had a successful tour so far. The facts are clear and the production rivets their attention. Thereafter, the usual comment is that anyone seeing this film which is starkly realistic would be permanently dissuaded from any form of drug taking.

A programme for 5-6-year-old children was arranged with the Educational Television Service. It took a long time to make but was eventually completed and broadcast to infant classes during the autumn of 1967. The lessons were ten in number and each was broadcast twice to schools on one morning for a period of ten weeks. An article describing the project was compiled by the Principal School Medical Officer and published in "*The Medical Officer*" of 21st June, 1968, issue.

Members of the staff have taken part in some of the Scottish Council for Health Education programmes. One conference was "The Woman Adviser's Contribution towards Teenage Health," and this involved lectures about adolescence, films and discussion. Another two-day conference was on the subject "Health in the Primary School" and this involved discussion of health appraisals, the Medical Officer/Health Visitor and teacher's role in this and in health education.

In looking to the future, when one considers high density living, teenage affluence, increase of anti-social behaviour and crime and the insidious pressures on the individual from many sources, it is evident that for healthy survival education must include in its totality education for healthy living. This is the aim of our scheme.

DENTAL INSPECTION AND TREATMENT

In spite of all the dental treatment carried out by the School Health Service and by general practitioners, our annual routine dental inspections show that, on average, 80 per cent. of the primary school children in Glasgow require treatment. These annual inspections are done in 120 of the 210 primary schools and result in 40 per cent. of the parents electing to have the necessary treatment done in our clinics and 60 per cent. expressing preference to go to their own dentists, although it is very doubtful just how many of the latter actually arrange to have the treatment carried out.

During their school lives our present pupils have had nearly a million of their teeth affected by dental decay. On average an additional dental cavity is produced every 180 seconds, day and night throughout the year. A problem of this size requires great efforts for the prevention as well as the treatment of caries. We therefore carried out a considerable amount of dental health education again this year. Dental health

packs have once more been distributed to all new school entrants and this has been backed by talks from teachers and the dental auxiliaries. Talks were also given to older children and to mothers' groups. Approximately fifty thousand children received instruction on how to reduce dental decay by half by means of good diet and proper eating habits. A great deal of research is at present going on in the field of preventive dentistry. The use of dextranase, of phytate (the natural protective factor in unrefined foods) and the possible use of vaccine all hold out some hope for a solution to the problem, but it would appear unlikely that any of these will prove as efficient in the reduction of dental decay, as the well tried fluoridation.

Mobile Units—Apart from providing an otherwise impossible service in our clinic-scarce areas, these units are proving very useful in the treatment of children outwith the City boundary, for whom we are responsible. During the past year one of the mobile units has made several visits to Nerston Residential School to carry out systematic treatment and a mobile unit was sited at Balrossie Approved School, Kilmacolm, for two weeks during the summer holidays. It is hoped to extend this service to include Dunchlutha Residential School during the next summer vacation period.

Clinics—The dental section now provides treatment in twenty-nine dental surgeries scattered throughout the City. Difficulties in obtaining a satisfactory work load have been experienced in one or two areas during the transitional period of redevelopment, but the clinics mainly affected, Glenbarr Street and Cowcaddens, are now benefiting from the repopulation which has taken place recently and the problem appears to have been nearly resolved.

Staffing—During the year one dental officer retired and another transferred to a neighbouring local authority. These vacancies were quickly filled by suitably experienced dental surgeons. Dental auxiliaries are still in short supply and seem to take about a year to obtain. Their standard of work and efficiency in the field of dental health makes them much sought after.

Orthodontics—In view of the impending retiral of our orthodontist, Miss Webster, a member of staff was given a year's leave of absence to obtain a Diploma in Dental Orthopaedics to enable her to succeed to this post.

Treatment carried out for Maternity and Child Welfare patients is detailed elsewhere in this Report.

ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE

Reference has been made in previous reports to the staffing situation which has adversely affected the implementation of a full programme on all subjects including physical education. During this year there has been no significant improvement in the situation which is particularly unfortunate when there is such an expansion in the scope of the subject. Each year shows an increase in the number of activities in which young people are becoming involved and a corresponding increase in the number of teachers of all categories concerned to create enthusiasm for or to extend the pupils' knowledge of this aspect of physical education. The number of hours which teachers of their own volition devote to pupils in the pursuit of this preparation for future hours of leisure is worthy of comment and appreciation if not recompense.

The shortage of staff taxes the ingenuity of head teachers to find space in the timetable for Anatomy, Physiology and Health but where conditions permit this has been offered as a subject in the Scottish Certificate of Education.

In the primary schools there has been in recent years a tremendous change in the content as well as in the method of all subjects. On the physical education side reference has already been made to the inclusion of games and activities such as hockey, netball and swimming which hitherto had been thought to be the prerogative of the secondary school. A panel of physical education in the primary school has been giving thought to the method of the subject in the light of the recent memorandum on Primary Schools' Physical Education and it is proposed to make available to all teachers in the primary schools, through the medium of closed circuit television, demonstration and guidance notes, some information and instruction on how the pupil may "experience a sense of achievement through physical activity and exercise the learning process of enquiry and discovery through inventive movement."

In the matter of provision of accommodation and facilities the Education Committee has continued to keep abreast of modern developments in educational thought and practice, evidence of which is to be seen in the extensions to school buildings, the additions to equipment in playing fields and the many new swimming pools under construction in secondary schools throughout the City.

ACCIDENTS TO SCHOOL CHILDREN

SURVEY OF BURNS AND SCALDING ACCIDENTS, FROM 1ST JANUARY, 1968, TO 31ST DECEMBER, 1968, AS CONDUCTED BY HEALTH VISITORS OF THE SCHOOL HEALTH SERVICE.

TABLE 1
NUMBER OF ACCIDENTS

					5-10 years		10-15 years	
					Boys	Girls	Boys	Girls
<i>Burns—</i>								
Outdoor	...	...	...	...	64	12	34	—
Indoor	...	...	...	...	14	6	6	8
<i>Scalds—</i>								
Outdoor	...	...	...	...	1	6	3	—
Indoor	...	...	...	...	48	54	23	52

TABLE 2
COMMON TYPE OF BURNING ACCIDENTS

					5-10 years		10-15 years	
					Boys	Girls	Boys	Girls
Fireworks and Bonfires	...	...	...	...	49	8	27	—
Fires (open or electric or gas)	...	...	...	...	12	1	1	1
Clothing catching fire	...	...	...	...	—	3	—	3
Faulty Plugs or Appliances	...	...	...	...	3	3	—	3
Iron	...	...	...	...	—	1	—	1
School Accident (Laboratory)	...	...	...	...	—	—	2	—
Power Cable	...	...	...	...	1	—	—	—
Empty Cars (petrol cans, etc.)	...	...	...	...	5	—	1	—
Sunburn	...	...	...	...	—	—	2	—
Cooker	...	...	...	...	—	1	4	—
Others	...	...	...	...	8	—	3	—

TABLE 3
RESIDUAL DISABILITIES

					5-10 years		10-15 years	
					Boys	Girls	Boys	Girls
Burns	...	...	...	...	4	1	8	—
Scalds	...	...	...	...	4	—	2	—

TABLE 4

					5-10 years		10-15 years	
					Boys	Girls	Boys	Girls
Deaths	...	...	...	...	1	1	—	—

TABLE 5
BY SOCIAL CLASS

					5-10 years		10-15 years	
					Boys	Girls	Boys	Girls
<i>Burns—</i>								
No father	...	...	...	...	9	—	2	2
Professional	...	...	...	...	—	—	1	—
Clerical	...	...	...	...	2	—	3	—
Skilled	...	...	...	...	22	5	19	3
Semi-skilled	...	...	...	...	11	4	5	—
Labourer	...	...	...	...	34	9	10	3
<i>Scalds—</i>								
No father	...	...	...	...	3	5	—	7
Professional	...	...	...	...	2	2	1	—
Clerical	...	...	...	...	1	2	1	—
Skilled	...	...	...	...	18	16	14	22
Semi-skilled	...	...	...	...	11	14	2	5
Labourer	...	...	...	...	14	21	8	18

TABLE 6
ACCIDENT PRONENESS

5-10 years		10-15 years	
Boys	Girls	Boys	Girls
14	11	10	6

TABLE 7
PERIOD OF YEAR ACCIDENT OCCURRED

					5-10 years		10-15 years	
					Boys	Girls	Boys	Girls
January	...	...	...	...	1	4	4	2
February	...	...	...	...	7	8	3	7
March	...	...	...	...	9	9	7	5
April	...	...	...	...	9	5	6	7
May	...	...	...	...	18	5	2	3
June	...	...	...	...	10	2	5	5
July	...	...	...	...	15	8	1	7
August	...	...	...	...	16	8	7	3
September	...	...	...	...	10	5	5	5
October	...	...	...	...	10	6	7	4
November	...	...	...	...	17	12	18	6
December	...	...	...	...	5	6	1	6
No information available	...	...	...	...	6	7	1	3
Unable to locate	...	...	...	...	14	4	8	3

STATISTICAL APPENDIX

TABLE 1

MEDICAL EXAMINATIONS OF SCHOOL CHILDREN BY
AUTHORITIES IN SCOTLAND

Education Authority	ENTRANTS				LEAVERS			
	No. of Examinations		Percentage With Defects		No. of Examinations		Percentage With Defects	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Aberdeen City ...	—	—	—	—	—	—	—	—
Dundee City ...	1,331	1,307	48·99	45·60	1,227	1,118	49·34	44·99
Edinburgh City ...	3,330	2,988	57·36	53·82	2,421	2,618	47·96	44·16
Glasgow City ...	9,136	8,755	53·49	52·58	7,437	7,408	43·34	43·08
Aberdeen County ...	1,160	1,076	57·24	50·46	865	853	36·65	39·98
Angus ...	725	705	40·69	33·05	603	594	32·34	29·12
Argyll ...	390	370	63·59	51·89	363	379	50·69	43·01
Ayr County ...	2,577	2,521	30·27	27·41	1,688	1,735	30·63	28·18
Banff ...	464	414	52·37	44·20	395	348	29·87	36·78
Berwick ...	183	164	66·12	61·59	162	149	43·21	55·03
Bute ...	100	75	55·00	37·33	63	65	55·56	55·38
Caithness ...	313	295	33·55	29·49	218	211	20·64	33·18
Clackmannan ...	403	381	31·02	27·30	269	269	25·28	62·83
Dumfries County ...	266	700	58·27	46·14	189	583	48·15	48·20
Dunbarton ...	914	879	45·62	43·00	1,101	746	35·97	31·77
East Lothian ...	511	430	62·82	57·91	370	401	41·62	46·63
Fife ...	2,666	2,757	52·78	46·35	1,276	1,403	49·76	38·35
Inverness County ...	778	703	61·44	49·79	666	647	31·83	34·47
Kincardine ...	196	207	44·39	20·77	179	190	31·28	28·95
Kirkcudbright ...	55	69	41·82	36·23	—	—	—	—
Lanark ...	5,265	4,987	56·73	51·61	2,121	2,089	46·25	45·81
Midlothian ...	1,088	1,023	51·75	49·76	755	613	41·46	39·64
Moray and Nairn ...	534	521	32·58	31·29	423	431	29·55	32·25
Orkney ...	127	104	33·07	22·12	96	97	18·75	24·74
Peebles ...	69	77	44·93	44·16	57	42	33·33	23·81
Perth and Kinross ...	1,048	1,050	37·60	28·10	835	831	22·04	23·95
Renfrew ...	3,294	3,268	54·86	49·51	2,417	2,548	47·91	45·88
Ross and Cromarty ...	475	453	46·74	41·94	388	397	28·87	28·46
Roxburgh ...	261	253	40·23	24·90	280	273	28·21	30·04
Selkirk ...	245	205	33·47	27·80	244	206	17·21	26·21
Stirling County ...	1,600	1,488	54·94	50·60	1,206	1,268	42·95	45·03
Sutherland ...	93	114	45·16	40·35	91	92	39·56	28·26
West Lothian ...	38	29	26·32	31·03	470	162	34·89	57·41
Wigtown ...	215	222	67·91	65·32	245	202	42·45	46·53
Zetland ...	142	143	11·27	9·79	27	19	11·11	21·05
Scotland ...	39,992	38,733	51·19	46·75	29,147	28,987	40·58	40·71

TABLE 2

RATES OF DEFECTS FOUND AMONG GLASGOW SCHOOL CHILDREN SEEN AT ROUTINE MEDICAL INSPECTION

(Rates per 100,000 examined)

DISEASE OR DEFECT						Entrants		Leavers	
Degree and Etiology						Boys	Girls	Boys	Girls
<i>Infective and Parasitic—</i>									
Late effects of Acute Poliomyelitis	...	...	...	...	...	—	—	40	27
Measles ...	...	...	...	...	...	11	—	—	—
Malaria ...	...	...	...	...	...	—	11	—	—
Ringworm ...	...	...	...	...	...	22	11	484	256
Pork Tapeworm Infection ...	...	...	...	...	...	—	23	—	—
Threadworms ...	...	...	...	...	...	11	11	—	—
Acquired Toxoplasmosis ...	...	...	...	...	...	—	11	—	—
Trichomoniasis Urogenitalis ...	...	...	...	...	...	—	11	—	—
Pediculosis ...	...	...	...	...	...	1,456	3,529	1,519	3,726
Scabies ...	...	...	...	...	...	328	308	202	175
<i>Skin Disease—</i>									
Molluscum Contagiosum ...	...	...	...	...	...	—	—	—	40
Warts and Verruca ...	...	...	...	...	...	208	354	740	769
Boil or Carbuncle ...	...	...	...	...	...	55	23	54	53
Cellulitis of Finger or Toe ...	...	...	...	...	...	11	—	—	—
Impetigo ...	...	...	...	...	...	230	148	94	108
Eczema (not specified as allergic) ...	...	...	...	...	...	876	605	323	297
Eczema (due to detergents) ...	...	...	...	...	...	33	23	13	—
Eczema (due to specific agents, e.g. cold weather) ...	...	...	...	...	...	—	—	—	13
Eczema (allergic) ...	...	...	...	...	...	755	571	202	162
Psoriasis ...	...	...	...	...	...	33	91	161	283
Ichthyosis ...	...	...	...	...	...	11	11	13	—
Keloid Scar ...	...	...	...	...	...	22	46	27	27
Alopecia Areata ...	...	...	...	...	...	33	11	27	13
Acne ...	...	...	...	...	...	—	11	901	1,943
Other Diseases of Sebaceous Glands ...	...	...	...	...	...	—	—	—	13
Urticaria ...	...	...	...	...	...	317	308	121	108
Hairy Mole, Pigmented Naevus ...	...	...	...	...	...	33	57	94	40
<i>Teeth and Mouth—</i>									
Adontia ...	...	...	...	...	...	—	11	13	13
Impacted Teeth ...	...	...	...	...	...	11	23	81	94
Dental Caries ...	...	...	...	...	...	14,678	15,477	9,399	6,628
Attrition of Teeth ...	...	...	...	...	...	11	—	—	—
Ankylosis of Teeth ...	...	...	...	...	...	11	—	—	—
Disease of Tissue of Teeth ...	...	...	...	...	...	11	—	—	—
Dental Abscess ...	...	...	...	...	...	142	194	40	40
Atrophy of Salivary Glands ...	...	...	...	...	...	22	11	27	—
Stomatitis ...	...	...	...	...	...	11	—	40	13
Cleft Palate ...	...	...	...	...	...	33	23	13	13
Hare Lip ...	...	...	...	...	...	11	11	13	13
Cleft Palate and Hare Lip ...	...	...	...	...	...	22	11	54	27
<i>Ear, Nose and Throat—</i>									
Chronic Pharyngitis ...	...	...	...	...	...	11	11	—	—
Chronic Nasopharyngitis ...	...	...	...	...	...	569	514	229	175
Deflected Nasal Septum ...	...	...	...	...	...	33	23	54	27
Nasal Polyposis ...	...	...	...	...	...	22	11	13	13

TABLE 2—*Continued*

DISEASE OR DEFECT Degree and Etiology						Entrants		Leavers	
						Boys	Girls	Boys	Girls
<i>Ear, Nose and Throat—Continued—</i>									
Hay Fever	...	...	...	...	...	11	—	121	67
Otitis Externa	...	...	...	...	...	11	—	13	—
Otitis Media—Acute	...	...	...	...	...	274	206	27	40
Otitis Media—Chronic Suppurative	...	...	...	...	...	296	297	296	175
Eustachian Catarrh	...	...	...	...	...	460	411	121	135
Wax in Ears	...	...	...	...	...	—	—	—	13
Epistaxis	...	...	...	...	...	11	—	—	13
Sinusitis	...	...	...	...	...	22	—	13	—
Acute Tonsillitis	...	...	...	...	...	164	160	54	108
Tonsillar Hypertrophy (or Adenoids)	...	...	...	...	...	8,882	8,749	1,573	2,011
<i>Hearing Defects—</i>									
Complete loss of hearing (both ears)	...	...	...	...	...	55	80	161	108
Complete loss one, part deaf other	...	...	...	...	...	—	—	13	27
Deafness in one ear	...	...	...	...	...	44	46	54	13
Impaired hearing (one or both ears)	...	...	...	...	...	657	594	363	202
<i>Eyes—</i>									
Conjunctivitis	...	...	...	...	...	99	69	94	108
Blepharitis	...	...	...	...	...	558	605	511	459
Stye	...	...	...	...	...	33	69	27	54
Corneal Ulcer	...	...	...	...	...	—	—	—	13
Refractive Errors	...	...	...	...	...	2,704	2,981	12,330	13,634
Corneal Opacity	...	...	...	...	...	55	34	13	40
Strabismus	...	...	...	...	...	2,342	2,204	713	499
Vascular Lesions of Retina	...	...	...	...	...	—	—	54	—
Colour Blindness	...	...	...	...	...	142	23	1,062	13
Ptosis of Eyelid	...	...	...	...	...	11	—	13	—
Blindness (both eyes)	...	...	...	...	...	33	11	27	27
Blindness (one eye)	...	...	...	...	...	109	69	121	81
Nystagmus	...	...	...	...	...	33	—	13	—
<i>Speech Defect—</i>									
All forms of speech defect	...	...	...	...	...	2,299	959	578	67
<i>Lungs—</i>									
Acute Bronchitis	...	...	...	...	...	690	674	161	81
Influenza (unqualified)	...	...	...	...	...	—	11	—	—
Chronic Bronchitis	...	...	...	...	...	624	423	269	121
Asthma	...	...	...	...	...	799	411	968	540
Empyema	...	...	...	...	...	44	—	—	—
Pleurisy (without mention of effusion or tuberculosis)	...	...	...	...	...	—	11	—	—
Spontaneous Pneumothorax	...	...	...	...	...	—	—	13	—
Bronchiectasis	...	...	...	...	...	11	—	—	13
Primary Tuberculous Complex	...	...	...	...	...	33	—	54	54
<i>Heart and Circulation—</i>									
Iron Deficiency Anaemia	...	...	...	...	...	11	—	—	—
Anaemia (unspecified)	...	...	...	...	...	208	217	229	216
Haemophilia	...	...	...	...	...	11	—	40	—
Christmas Disease	...	...	...	...	...	—	—	13	—
Allergic Purpura	...	...	...	...	...	—	—	13	—
Active Rheumatic Endocarditis	...	...	...	...	...	11	—	13	13
Chronic Rheumatic Heart Disease, Mitral Disease	...	...	...	...	...	55	46	54	27

TABLE 2—*Continued*

DISEASE OR DEFECT Degree and Etiology	Entrants		Leavers	
	Boys	Girls	Boys	Girls
<i>Heart and Circulation—Continued—</i>				
Interventricular Septal Defect	153	160	81	67
Interatrial Septal Defect	66	11	—	13
Other Malformations	186	114	54	67
Patent Ductus Arteriosus	55	69	—	27
Coarctation of Aorta	—	—	13	13
<i>Orthopaedic—</i>				
Osteochondrosis	11	11	—	27
Bunion	11	—	—	—
Bursitis	—	—	—	40
Infective Myositis and other inflammatory diseases of tendon and fascia	—	11	13	13
Curvature of Spine	350	594	955	1,201
Pes Planus	821	366	740	553
Hallux Valgus and Varus	55	46	54	337
Hallux Rigidis, Genu Valgum, etc.	668	697	121	243
TEV and Pes Cavus	153	80	27	40
Congenital Dislocation of Hip	22	23	—	27
Other anomaly of unspecified limb	—	11	—	—
Congenital Absence of Hypoplasia or any bone or joint	153	206	188	189
Swelling of Joint	—	—	—	13
<i>Renal and Urinary Conditions—</i>				
Nephrotic Syndrome	—	11	—	—
Chronic Nephritis	22	11	—	—
Infections of Kidney	66	34	40	81
Other Pyelonephritis	11	—	—	—
Hydronephrosis	—	11	13	—
Renal Dwarfism	—	—	13	—
Cystitis and other urinary infections	22	91	27	13
<i>Emotional—</i>				
Anxiety Neurosis	22	11	13	—
Paranoid (traits)	33	46	—	—
Emotional Instability	339	628	269	162
Aggressiveness	109	57	13	13
Passive Dependency	131	171	40	13
Asocial Personality (Psychopath)	11	—	—	—
Anxiety State	44	103	—	—
Enuresis... ..	3,645	3,175	336	162
Transient Situational Disturbances	11	—	—	—
<i>Neurological—</i>				
Meningitis (H. influenzae)	—	—	—	13
Hydrocephalus (acquired)	22	—	13	27
Hereditary spinal ataxia	—	11	—	—
Cerebral Palsy (congenital or infantile)	131	80	108	40
Cerebral Palsy (due to unspecified causes)	—	11	—	—
Epilepsy (Petit Mal)	175	57	94	162
Epilepsy (Grand Mal)	88	91	121	94
Epilepsy (Jacksonian)	—	—	13	—
Migraine	11	11	161	67
Bell's Palsy	—	34	27	27

TABLE 2—*Continued*

DISEASE or DEFECT Degree and Etiology	Entrants		Leavers	
	Boys	Girls	Boys	Girls
<i>Mental Retardation—</i>				
Borderline Mental Retardation—				
Following infections and intoxications ...	197	126	565	459
Following trauma or physical agents ...	—	11	13	—
Other and unspecified	—	11	148	94
Mild Mental Retardation—				
Following infections and intoxications ...	11	23	619	580
Following trauma of physical agents ...	—	—	27	40
Associated with diseases and conditions due to pre-natal influence	—	—	13	—
Associated with prematurity	—	11	—	27
Other and unspecified	22	—	134	243
Moderate Mental Retardation—				
Following infections and intoxications ...	44	—	67	—
Following trauma or physical agents ...	—	23	—	—
Other and unspecified	11	11	—	—
Profound Mental Retardation—				
Following infections and intoxications ...	11	34	—	—
<i>Other Diseases or Defects—</i>				
Haemangioma and Lymphangioma ...	—	11	13	—
Simple Goitre (unspecified)	—	—	—	13
Non-toxic Nodular Goitre	—	—	13	—
Cretinism	—	11	13	—
Myxoedema	—	—	13	—
Diabetes Mellitus	33	23	13	54
Vitamin D Deficiency (unspecified) ...	—	11	—	—
Malnutrition	274	457	134	54
Coeliac Disease	77	160	13	27
Underweight	—	—	—	13
Obesity	241	468	1,708	2,592
Common Cold	1,784	1,793	887	823
Inguinal Hernia	296	57	13	—
Femoral Hernia	—	11	—	—
Umbilical Hernia	66	69	—	—
Gastro-enteritis and Colitis	—	—	—	27
Constipation	11	—	—	—
Hydrocele	11	—	—	—
Phimosis	66	—	—	—
Vaginitis and Vulvitis	—	23	—	—
Atrophy of Vagina	—	11	—	—
Undescended Testes	514	—	81	—
Congenital Anomaly of Ear	—	—	13	—
Hypospadias	22	—	—	—
Epispadias	11	11	—	13
Situs Inversus	—	11	—	—
Swollen Glands (not otherwise specified) ...	306	240	40	108
Debility and undue Fatigue	44	34	13	—
Fracture of Mandible	33	—	27	13
Wound of Eye	—	—	—	13
Contusion of Arm	33	11	—	13

MEDICAL EXAMINATION—TABLE 3

TABLE 3

RATES OF DEFECTS PER 100,000 EXAMINED BY SOCIAL CLASS OF GLASGOW SCHOOL CHILDREN

10 PER CENT. SAMPLE

DISEASE OR DEFECT DEGREE AND ETIOLOGY	ENTRANTS SOCIAL CLASS						Total	LEAVERS SOCIAL CLASS						Total
	1	2	3	4	5	Other or Not Stated		1	2	3	4	5	Other or Not Stated	
<i>Infective and Parasitic—</i>														
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Boys	—	—	202	—	—	—	113	—	—	—	—	—	—	—
Girls	—	—	—	—	—	—	—	—	—	475	—	—	—	267
Ringworm	—	—	—	—	—	—	—	—	—	268	—	—	1,010	262
Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Threadworms	—	—	202	—	—	—	113	—	—	—	—	—	—	—
Girls	—	—	811	1,802	2,809	2,469	1,416	—	1,818	713	—	2,752	3,704	1,333
Pediculosis	—	—	2,222	3,883	5,674	7,368	3,507	—	1,887	4,290	7,229	9,630	6,061	5,497
Boys	—	3,333	—	—	—	—	—	—	—	238	—	—	—	133
Girls	—	3,030	406	—	—	—	327	—	—	268	—	741	—	262
Scabies	—	—	202	—	709	—	226	—	—	—	—	—	—	—
Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Skin Disease—</i>														
Warts and Verruca	4,545	—	—	—	—	—	109	—	—	1,188	1,493	917	—	933
Boys	—	—	404	1,942	—	—	452	4,762	1,887	804	1,205	—	—	785
Girls	—	—	203	—	—	—	109	—	—	238	1,493	—	—	267
Boil or Carbuncle	—	—	—	—	—	—	—	—	—	268	—	—	—	131
Girls	—	—	—	—	—	—	—	—	—	475	—	—	—	267
Boys	—	—	203	—	—	—	109	—	—	268	—	—	—	262
Girls	—	—	—	—	—	—	—	—	—	475	1,205	—	—	267
Eczema (not specified)	—	—	1,014	—	1,124	—	763	—	—	475	—	—	—	267
Boys	—	—	808	—	709	—	506	—	1,887	—	1,205	—	—	262
Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eczema (due to detergents)	—	—	202	—	—	—	113	—	—	—	—	—	—	—
Boys	—	—	609	901	502	—	545	—	—	238	—	741	1,010	133
Girls	—	—	1,010	1,942	—	—	792	—	—	—	—	—	—	262
Eczema (allergic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psoriasis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Acne	Boys	—	—	—	—	—	—	—	—	3,636	1,425	2,985	—	1,235	1,467
	Girls	—	—	—	—	—	—	—	—	1,887	1,877	1,205	2,963	—	1,702
Urticaria	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	406	562	—	—	—	—	—	—	—	—	—	1,010	131
Hairy Mole, Pigmented Naevus	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	1,010	131
<i>Teeth and Mouth—</i>															
Impacted Teeth	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	262
Dental Caries	Boys	9,091	16,227	20,721	16,292	17,284	16,449	—	—	5,455	8,789	10,448	15,596	19,753	10,667
	Girls	—	18,384	13,592	16,312	16,842	16,516	—	—	—	7,775	7,229	6,667	6,061	6,545
Attrition of Teeth	Boys	4,545	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of Tissue of Teeth	Boys	—	203	—	—	—	109	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dental Abscess	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stomatitis	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hare Lip	Boys	—	—	—	—	—	—	—	—	—	268	—	—	—	131
	Girls	—	202	—	—	—	—	—	—	—	—	—	—	—	—
<i>Ear, Nose and Throat—</i>															
Tonsillar Hypertrophy (or Adenoids)	Boys	13,636	8,519	13,514	6,742	6,173	8,606	—	—	5,455	2,138	—	—	2,469	1,867
	Girls	5,000	9,495	8,738	9,929	12,632	9,615	—	—	5,660	1,877	2,410	2,963	1,010	2,225
Chronic Nasopharyngitis	Boys	4,545	811	—	562	—	654	—	—	—	950	—	917	—	667
	Girls	—	202	—	709	—	226	—	—	—	536	1,205	—	—	393
Hay Fever	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Otitis Externa	Boys	—	—	—	—	—	—	—	—	1,887	268	—	—	—	262
	Girls	—	—	—	—	—	—	—	—	—	—	1,493	—	—	133
Otitis Media—Acute	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	109	—	—	—	—	—	—	—	—
Otitis Media—Chronic Suppurative	Boys	—	406	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	1,942	—	—	218	—	—	—	238	—	—	—	133
Eustachian Catarrh	Boys	—	406	901	—	—	226	—	—	—	—	—	741	—	131
	Girls	—	404	—	—	—	327	—	—	—	—	—	917	—	133
Acute Tonsillitis	Boys	—	—	901	—	—	452	—	—	—	—	—	1,481	—	262
	Girls	—	—	—	—	—	109	—	—	—	238	—	—	—	133
												1,205	—	1,010	262

TABLE 3—Continued

DISEASE OR DEFECT DEGREE AND ETIOLOGY	ENTRANTS SOCIAL CLASS						LEAVERS SOCIAL CLASS							
	1	2	3	4	5	Other or Not Stated	Total	1	2	3	4	5	Other or Not Stated	Total
<i>Hearing—</i>														
Complete loss (both ears)	Boys	—	203	—	562	—	218	—	—	238	—	917	—	267
	Girls	—	202	—	—	—	113	—	—	—	—	—	—	—
Deafness in one ear	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	202	—	—	—	113	—	—	—	—	—	—	—
Impaired hearing (one or both ears)	Boys	4,545	609	—	—	1,235	545	—	1,818	238	—	917	—	400
	Girls	—	202	—	—	1,053	226	—	—	—	—	741	—	131
<i>Eyes—</i>														
Conjunctivitis	Boys	—	—	901	—	—	109	—	—	—	—	917	—	133
	Girls	—	202	—	—	—	113	—	—	268	—	—	—	131
Blepharitis	Boys	—	406	901	—	—	436	—	—	713	—	—	—	400
	Girls	—	606	971	2,128	1,053	905	4,762	1,887	536	—	—	—	524
Refractive Errors	Boys	9,091	1,623	4,505	3,371	1,235	2,505	5,882	16,364	12,114	7,463	7,339	12,346	11,200
	Girls	5,000	2,828	4,854	6,383	3,158	3,620	23,810	11,321	14,209	8,434	12,593	20,202	14,136
Corneal Opacity	Boys	—	—	—	—	1,235	109	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—
Strabismus	Boys	4,545	2,840	—	5,056	6,173	3,268	5,882	—	238	—	4,587	—	933
	Girls	5,000	2,424	—	4,965	3,158	2,715	—	—	536	2,410	1,481	1,010	916
Colour Blindness	Boys	—	—	901	—	—	109	5,882	1,818	2,138	—	1,835	1,235	1,867
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—
Blindness (one eye)	Boys	—	203	—	562	1,235	327	—	—	—	—	—	1,235	133
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Speech Defect—</i>														
All forms of speech defect	Boys	—	3,030	2,028	4,494	1,235	2,505	5,882	—	475	—	—	—	400
	Girls	—	—	606	2,128	—	679	—	—	—	—	—	1,010	131

[illegible]

TABLE 3—Continued

DISEASE OR DEFECT DEGREE AND ETIOLOGY	ENTRANTS SOCIAL CLASS						LEAVERS SOCIAL CLASS							
	1	2	3	4	5	Other or Not Stated	Total	1	2	3	4	5	Other or Not Stated	Total
<i>Orthopaedic (cont.)—</i>														
Congenital Dislocation of Hip	Boys Girls	— —	— —	— —	— 709	— —	— 113	— —	— —	— —	— —	— —	— —	— —
Congenital Absence of Bone or Joint	Boys Girls	— —	— 203	— —	— 709	— —	109 113	— —	— —	238 —	— —	— —	— 2,020	133 262
Swelling of Joint	Boys Girls	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	741 —	— —	— 131
<i>Renal and Urinary Conditions—</i>														
Infections of Kidney	Boys Girls	— —	— 202	— —	562 —	— —	109 113	— —	— —	— —	— —	— —	— —	— —
Cystitis	Boys Girls	— —	— —	— —	— —	— —	— —	— —	— —	238 —	— —	— —	1,235 —	267 —
<i>Emotional—</i>														
Paranoia (traits)	Boys Girls	— —	— 404	— —	— 709	— —	— 399	— —	— —	— —	— —	— —	— —	— —
Emotional Instability	Boys Girls	— —	609 1,010	901 —	562 —	— 1,053	703 479	— —	— 1,887	— —	— —	917 —	— —	133 262
Passive Dependency	Boys Girls	— —	— —	— 404	562 709	— —	109 339	— —	— —	— —	— —	— —	— —	— —
Anxiety State	Boys Girls	— —	— —	— —	562 —	— —	109 —	— —	— —	— —	— —	— —	— —	— —
Enuresis	Boys Girls	9,091 —	3,030 3,333	4,057 3,232	2,703 917	8,642 3,158	3,183 3,167	— —	— —	268 —	1,201 —	917 741	— —	133 393

TABLE 3—Continued

DISEASE OR DEFECT DEGREE AND ETIOLOGY	ENTRANTS SOCIAL CLASS						Total	LEAVERS SOCIAL CLASS						
	1	2	3	4	5	Other or Not Stated		1	2	3	4	5	Other or Not Stated	Total
<i>Other Diseases or Defects—</i>														
Diabetes Mellitus	—	—	203	—	—	—	109	—	—	—	—	—	—	—
Malnutrition	—	3,030	406	—	562	—	436	—	—	—	—	—	—	—
Coeliac Disease	—	—	404	—	—	—	226	—	—	—	—	—	1,010	131
Obesity	—	—	404	—	—	—	226	—	—	—	—	—	—	—
Common Cold	—	—	404	—	709	—	339	—	1,818	2,138	1,493	3,670	2,469	2,267
Inguinal Hernia	—	3,333	1,826	901	2,809	2,469	1,852	5,882	5,660	1,609	3,614	1,481	2,020	2,094
Femoral Hernia	—	—	2,222	1,942	2,128	2,105	2,149	—	3,774	268	2,410	917	—	267
Undescended Testes	—	—	406	—	562	—	327	—	—	—	—	1,481	1,010	1,047
Hypospadias	—	3,030	—	—	—	—	—	—	—	—	—	—	—	—
Situs Inversus	—	—	203	—	—	—	109	—	—	—	—	—	—	—
Swollen Glands (unspecified)	—	—	202	—	—	—	113	—	—	—	—	—	—	—
	—	—	203	—	562	—	218	—	—	—	—	—	—	—
	—	—	—	—	—	1,053	113	—	—	—	1,205	—	—	—

TABLE 4

AVERAGE HEIGHT AND WEIGHTS BY AUTHORITIES
AND SCOTLAND

Education Authority	Entrants				Leavers			
	Boys		Girls		Boys		Girls	
	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)
Aberdeen City ...	—	—	—	—	—	—	—	—
Dundee City ...	42·72	41·96	42·30	41·00	60·50	98·27	60·36	104·08
Edinburgh City ...	42·89	42·64	42·62	41·71	60·68	99·35	60·73	104·88
Glasgow City ...	42·46	42·32	42·33	41·30	60·07	98·22	59·98	102·73
Aberdeen County ...	43·43	44·03	43·04	42·79	63·25	113·34	62·02	114·79
Angus ...	43·74	44·13	43·55	42·96	60·71	101·61	60·91	106·83
Argyll ...	44·32	45·57	43·84	43·95	61·61	103·15	61·30	108·44
Ayr County ...	43·63	43·92	43·22	42·66	61·30	102·32	60·97	105·68
Banff ...	42·90	43·32	42·59	42·06	60·06	98·68	60·31	105·30
Berwick ...	43·05	42·61	43·35	43·04	61·01	104·79	61·43	109·83
Bute ...	43·30	44·05	42·92	42·80	61·57	105·08	61·15	107·11
Caithness ...	43·48	43·83	43·28	43·52	61·84	103·44	61·63	109·27
Clackmannan ...	41·97	42·26	41·51	41·17	60·77	101·97	60·97	111·64
Dumfries County ...	43·72	43·37	43·53	42·91	60·82	101·74	61·21	107·05
Dunbarton ...	43·90	44·17	43·68	43·03	61·29	103·17	61·41	106·82
East Lothian ...	43·58	44·52	43·07	43·09	60·25	100·27	60·44	105·82
Fife ...	43·03	42·71	42·58	41·35	60·75	98·57	60·79	104·06
Inverness County ...	43·10	44·08	42·81	42·57	60·67	100·57	60·75	105·91
Kincardine ...	44·32	44·69	44·04	43·75	61·55	101·05	61·05	104·98
Kirkcudbright ...	44·07	44·60	42·94	42·04	—	—	—	—
Lanark ...	43·73	43·70	43·41	42·53	61·55	102·25	60·76	105·30
Midlothian ...	44·13	44·48	43·76	42·91	61·31	102·39	61·08	105·52
Moray and Nairn ...	43·01	43·16	42·63	41·88	60·81	100·61	61·01	105·10
Orkney ...	43·92	46·75	43·48	44·67	60·13	106·99	60·43	111·35
Peebles ...	43·96	44·68	43·99	44·64	61·09	101·47	62·31	110·05
Perth and Kinross ...	43·26	43·74	42·70	42·20	61·74	105·28	61·52	109·52
Renfrew ...	43·30	43·22	42·92	41·89	60·26	98·68	60·34	103·62
Ross and Cromarty ...	43·17	44·61	42·71	43·48	61·29	104·41	60·71	106·79
Roxburgh ...	43·30	43·77	42·87	42·45	61·02	99·91	61·15	106·76
Selkirk ...	45·25	47·53	45·44	48·21	63·08	107·91	62·22	109·79
Stirling County ...	44·35	45·57	43·91	44·21	61·38	103·42	61·22	109·80
Sutherland ...	44·01	44·86	43·68	43·58	61·32	102·85	60·96	106·15
West Lothian ...	42·79	42·87	42·17	41·76	61·83	103·38	61·37	107·53
Wigtown ...	43·08	42·21	42·68	41·64	62·28	103·16	61·75	104·97
Zetland ...	45·43	47·21	45·32	46·63	63·04	107·22	64·47	117·84
Scotland ...	43·22	43·34	42·92	42·18	60·85	100·84	60·68	105·37

TABLE 5

AVERAGE HEIGHTS AND WEIGHTS BY SOCIAL CLASS
10 PER CENT. SAMPLE

GLASGOW

Social Class	Entrants				Leavers			
	Boys		Girls		Boys		Girls	
	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)
1	43·41	44·64	44·25	45·35	61·47	102·88	61·43	105·67
2	42·94	42·91	43·00	43·83	62·04	110·31	60·34	107·72
3	42·53	42·28	42·47	41·70	60·19	97·88	60·17	103·85
4	42·59	42·78	41·89	40·35	59·85	97·25	59·87	105·84
5	42·10	41·13	41·42	40·50	59·08	96·19	59·51	103·25
Other or not stated	42·70	42·75	42·12	40·08	59·80	97·07	58·82	99·44
Total	42·51	42·24	42·26	41·33	60·12	98·52	59·89	103·71

TABLE 5a
AVERAGE HEIGHTS AND WEIGHTS BY SOCIAL CLASS
10 PER CENT. SAMPLE
SCOTLAND

Social Class	Entrants				Leavers			
	Boys		Girls		Boys		Girls	
	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)
1	43·78	44·52	43·93	44·02	61·60	103·93	61·52	107·37
2	43·90	44·28	43·45	43·43	62·04	108·56	61·36	109·55
3	43·33	43·44	42·97	42·23	60·90	101·17	60·75	105·43
4	43·08	43·21	42·66	42·04	61·01	101·28	60·64	107·00
5	42·59	42·18	42·12	40·90	59·86	97·60	59·78	102·05
Other or not stated	43·08	43·08	42·38	41·15	60·50	99·40	60·04	102·78
Total	43·25	43·35	42·86	42·14	60·88	101·35	60·62	105·45

TABLE 6
AVERAGE HEIGHTS AND WEIGHTS BY NUMBER IN FAMILY
GLASGOW

Number in Family	Entrants				Leavers			
	Boys		Girls		Boys		Girls	
	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)
1	42·93	43·27	42·82	42·90	61·04	104·72	60·77	109·38
2	42·91	43·07	42·99	42·34	60·92	102·34	60·64	106·10
3	42·56	42·43	42·42	41·53	60·30	99·08	60·22	103·99
4	42·32	42·02	42·05	40·71	59·87	96·98	60·02	102·30
5	42·02	41·54	41·81	40·43	59·70	95·87	59·67	100·38
6	41·91	41·48	41·78	40·40	59·31	95·03	59·42	99·51
7	41·81	41·54	41·49	39·26	58·95	92·90	59·10	97·68
8	41·59	40·73	40·97	39·30	59·33	93·82	58·56	96·92
9	41·65	41·31	41·50	39·67	58·16	90·09	59·06	100·32
10	41·91	41·26	41·52	40·34	58·22	90·62	58·61	97·55
11	42·26	41·85	41·42	39·79	58·88	94·41	58·79	92·74
12	42·43	43·43	42·81	41·69	59·76	99·95	58·79	97·79
13	40·88	39·13	41·00	38·50	59·44	92·33	56·82	87·36
14	—	—	42·17	42·17	58·67	87·33	58·17	93·50
15	41·50	43·50	40·50	40·25	57·00	87·00	62·00	125·00
16	—	—	43·00	44·00	58·00	77·00	53·00	66·00
17	41·00	38·00	40·00	38·00	—	—	—	—
18	—	—	—	—	—	—	52·00	66·00

TABLE 6a
AVERAGE HEIGHTS AND WEIGHTS BY NUMBER IN FAMILY
SCOTLAND

Number in Family	Entrants				Leavers			
	Boys		Girls		Boys		Girls	
	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)	Height (Ins.)	Weight (Lbs.)
1	43·72	44·31	43·34	43·43	61·74	107·56	61·30	110·58
2	43·59	43·95	43·33	42·84	61·50	104·18	61·21	108·26
3	43·26	43·34	42·97	42·21	61·07	101·45	60·85	106·03
4	43·01	42·97	42·69	41·78	60·65	99·58	60·59	104·55
5	42·66	42·38	42·31	41·09	60·37	97·52	60·34	102·92
6	42·41	42·03	42·21	40·98	59·98	96·92	59·97	101·66
7	42·42	42·21	42·04	40·35	59·69	95·40	59·88	100·83
8	42·05	41·48	41·70	40·44	59·63	95·02	59·45	99·62
9	41·91	41·42	41·72	40·20	59·14	93·81	59·58	100·80
10	42·31	41·52	41·82	40·40	59·00	94·06	59·44	99·04
11	42·31	42·24	41·56	39·44	59·33	94·32	58·76	94·73
12	42·45	42·94	42·24	40·73	60·42	99·42	59·49	101·62
13	41·64	41·14	41·94	39·53	59·50	93·70	58·86	98·24
14	44·67	45·50	43·40	43·07	59·32	92·53	59·69	99·56
15	42·00	43·25	40·83	39·33	58·50	90·00	60·17	101·17
16	42·00	41·00	43·00	44·00	58·50	91·00	59·33	103·33
17	41·00	38·00	38·50	35·00	—	—	—	—
18	—	—	—	—	59·00	79·00	53·00	69·00
19	—	—	40·00	36·00	—	—	—	—
20	—	—	—	—	58·00	87·00	—	—

TABLE 7

SYSTEMATIC EXAMINATION OF CHILDREN IN SCHOOLS

OTHER AGE GROUPS

The new medical record card only provides for statistical information relating to entrants and thirteen-year-olds. During the year, however, the results of systematic examination of sixteen-year-olds and children in age groups outwith those recommended by the Scottish Home and Health Department were recorded for a selected list of defects. The results were as follows :—

Numbers and Percentages of Children Suffering from Defects

Nature of Defects Found	Boys	Girls	Totals
Uncleanliness of Head (nits)	9	13	22 (0·5%)
Skin Conditions of Head or Body	259	133	392 (8·3%)
Defective Nutrition	11	8	19 (0·4%)
Dental Defects	94	40	134 (2·8%)
Naso-pharyngeal Conditions	33	42	75 (1·6%)
Eye Diseases (including Strabismus)	81	48	129 (2·7%)
Defective Vision (for refraction)	163	104	267 (5·6%)
Ear Disease (including defective hearing)	22	14	36 (0·8%)
Defective Speech	16	7	23 (0·5%)
Mental and Nervous Conditions	37	18	55 (1·2%)
Defects of Circulatory System	24	17	41 (0·9%)
Pulmonary Conditions	30	12	42 (0·9%)
Deformities	46	80	126 (2·6%)
Other Diseases or Defects	174	112	286 (6·0%)
Total number of children examined—2,756 boys and 1,985 girls ; total of 4,741			

The sixteen-year-olds formed the bulk of those seen.

TABLE 7a

OTHER EXAMINATIONS

(i) IN SCHOOLS

Systematic Inspection of Nursery School Children	2,582
Other Examinations in Nursery Schools (including abnormals)	2,305
1958 age-group (Visual Acuity only)—(by doctor/ health visitor team)	10,443
Special Cases (in respect of particular defects) ...	29,897
Re-inspections by Medical Officers	19,234
Leaving Interviews	6,460
Examinations regarding Mental Defect	2,085
Discharges in Special Schools and Classes	39
Audiometric Surveys (by audiometricians)	11,146
Keystone Vision Screening (by nurses)	29,047
Totals	<u>113,238</u>

TABLE 7a—Continued

Other Examinations—Continued—

(ii) MAINLY AT CLINICS

Applicants for Licences under the Corporation Bye-laws for the Employment of Children	436
Adult Employees of the Corporation	2,057
Children as to fitness for School Journeys abroad, Educational Excursions, Camps, etc.	16,314
Children as to fitness for admission to Residential Schools	7,398
Pre-vocational Students	1,165
Examinations in Remand Homes	3,026
Totals	30,396

(iii) CLEANLINESS AND SPECIAL EXAMINATIONS

Cleanliness Inspections—(by school nurses) ...	184,646
--	---------

TABLE 8

VISUAL ACUITY OF CHILDREN BORN IN 1958

Results of Eyesight (Snellen) Test

		Number and Percentage			1967	1966
		Boys	Girls	Totals	Totals	Totals
Children who wore glasses at examination	With Glasses—					
	Good, 6/6	257 (4.9)	281 (5.4)	538 (5.1)	568 (5.1)	532 (5.4)
	Fair, 6/9	134 (2.5)	174 (3.3)	308 (2.9)	253 (2.4)	257 (2.6)
	Bad, 6/18	28 (0.5)	50 (1.0)	78 (0.7)	53 (0.5)	61 (0.6)
	Without glasses—					
	Good, 6/6	110 (2.1)	131 (2.5)	241 (2.3)	264 (2.4)	213 (2.1)
	Fair, 6/9	127 (2.4)	171 (3.3)	298 (2.9)	283 (2.6)	299 (3.0)
	Bad, 6/18	182 (3.4)	203 (3.9)	385 (3.7)	327 (3.0)	338 (3.4)
Children not wearing glasses at examination	Good, 6/6	4,204 (79.4)	4,105 (78.3)	8,309 (79.6)	8,887 (80.8)	7,987 (80.6)
	Fair, 6/9	508 (9.6)	469 (8.9)	977 (9.4)	897 (8.2)	818 (8.3)
	Bad, 6/18	167 (3.2)	166 (3.2)	233 (2.2)	336 (3.0)	258 (2.6)
		5,298	5,245	10,443	10,994	9,913

Summary of findings (taking the better eye and with spectacles if worn at examination) :—

	Number and Percentage			1967 Totals	1966 Totals
	Boys	Girls	Totals		
Good, 6/6	4,461 (84.2)	4,386 (83.6)	8,847 (84.7)	9,455 (85.9)	8,519 (85.9)
Fair, 6/9	642 (12.5)	643 (12.3)	1,285 (12.3)	1,150 (10.5)	1,075 (10.8)
Bad, 6/18, etc.	195 (3.7)	216 (4.1)	311 (3.0)	389 (3.5)	319 (3.3)
	<u>5,298</u>	<u>5,245</u>	<u>10,443</u>	<u>10,994</u>	<u>9,913</u>

Of those with defective eyesight, 859 (441 boys and 418 girls) were recommended for refraction or retest.

KEYSTONE VISION SCREENING

During the year children of all ages in 49 schools (45 primary and four secondary) were tested for vision by means of the Keystone Screening Apparatus with the following results :—

No. tested	Found Satisfactory	Failed in Test	With Colour Defect
29,047	23,149	5,601 (including 4,141 referred for refraction)	297 (261 boys and 36 girls)

TABLE 8a

SUMMARY OF MEDICAL INSPECTION AND TREATMENT STATISTICS

(of which details are given throughout Report)

A. INSPECTION

Type	Cases
Systematic Examinations	37,477
Other Examinations in Schools	113,238
Other Examinations mainly in Clinics ...	30,396
Cleanliness Examinations	184,646
Dental Inspections	45,560
Totals	<u>411,317</u>

TABLE 9—*Continued**Return of all Exceptional Children of School Age in the Area—Continued—*

	(a) At Special schools or classes	(b) At Home or in Day Care	(c) In Hospital Care	Totals
7 Physically Handicapped— (Children between 6 and 16 years)—				
(a) Non-pulmonary tuberculosis (excluding cervical glands)	3	—	—	3
(b) General orthopaedic conditions	165	*4	—	169
(c) Organic heart disease	24	—	—	24
(d) Other causes of ill-health	132	*16	66	214
† Includes Royal Blind School.				
‡ Includes Mary Hare Grammar School.				
* Home Tuition Cases.				

	At Special Schools (Educable)	At Occupational Centres (Ineducable but trainable)	At home or in day care (Ineducable)	In hospital care (Ineducable)
8. Multiple Defects— (included in the figures on the previous page) (Children between 5 and 16 years of age)—				
(a) Mentally Handicapped and physically handicapped as listed—				
(i) Blind	—	1	8	6
(ii) Partially-sighted ...	11	16	6	1
(iii) Deaf	—	1	1	—
(iv) Partially deaf ...	25	26	1	—
(v) Defective speech (severe)	53	21	9	5
(vi) Epilepsy	80	44	13	14
(vii) Non-pulmonary tuberculosis (excl. cervical glands) ...	—	—	—	—
(viii) Post polio	2	—	—	—
(ix) Cerebral palsy ...	19	32	31	13
(x) Other orthopaedic defects	2	12	12	2
(xi) Heart conditions ...	9	31	3	1
(xii) Asthma and chronic bronchitis	10	14	—	1
(xiii) Anaemia and debility	4	6	—	—
Carried forward ...	215	204	84	43

TABLE 9—*Continued*

			At special Schools (Educable)	At Occupational Centres (Ineducable but trainable)	At home or in day care (Ineducable)	In hospital care (Ineducable)
8. <i>Multiple Defects</i> —Continued—						
<i>Brought forward</i>	...	...	215	204	84	43
(xiv) Mongolism	...	...	4	128	7	4
(xv) Muscular dystrophy			4	—	—	1
(xvi) Spina bifida	...		3	3	3	—
(xvii) Aphasic	...	...	—	—	1	—
(xviii) Autistic	...	...	—	—	1	—
(xix) Other causes of ill health	...	...	51	56	3	1
Totals	...		277	391	99	49
(b) <i>Physically handicapped only</i> —						
at special schools			41	—		

TABLE 10

DENTAL INSPECTION AND TREATMENT

(1) GENERAL STATISTICS :

		Number of Children seen at Routine Dental Inspection					Total Number Made Dentally Fit	Emerg- ency Cases Number Treated
Age in Years		Number Inspected	With Dental Defects	Offered Treat- ment	Accept- ing Treat- ment	Total Number Treated		
5	...	5,770	4,455	4,293	1,826	1,467	644	453
6	...	6,477	5,184	4,997	2,231	2,051	1,050	478
7	...	6,824	5,589	5,367	2,174	2,025	1,104	459
8	...	6,482	5,356	5,150	2,019	2,035	1,139	488
9	...	6,277	5,033	4,770	1,822	2,165	1,272	478
10	...	6,244	4,855	4,527	1,673	2,034	1,340	499
11	...	5,799	4,287	4,020	1,377	1,836	1,212	503
12	...	1,615	1,178	1,117	337	959	726	358
13	...	32	23	23	19	601	533	391
14	...	27	19	17	13	491	483	329
15	...	8	4	3	2	202	197	82
16	...	4	—	—	—	61	71	23
17 and over	...	1	—	—	—	41	41	7
Totals	...	45,560	35,983	34,284	13,493	15,968	9,812	4,548

Number of attendances for treatment : 5-17 years, 68,665,

TABLE 10—*Continued*(2) DETAILS OF TREATMENT (*School Children*) :

			Routine	Emergency	Total
Fillings—permanent teeth	...	...	30,398	101	30,499
deciduous teeth	...	...	8,474	68	8,542
Extractions (incl. orthodontic)—					
permanent teeth	...	...	3,218	908	4,126
deciduous teeth	...	...	13,301	2,169	15,470
Administrations of general anaesthetic	...	...	1,691	62	1,753
Other operations—permanent teeth	...	...	19,007	1,707	20,714
deciduous teeth	...	...	5,044	424	5,468
Dentures—partial	...	...	—	—	159
full	...	...	—	—	3
Repairs to dentures	...	...	—	—	25
Radiographs—number of exposures (not					
incl. orthodontic—intra-oral	...	...	—	—	488
extra-oral	...	...	—	—	26

(3) ORTHODONTIC TREATMENT :

Cases continued from previous year, 356 ; new cases, 208 ; completed cases, 148 ; discontinued cases, 25 ; cases continuing at end of year, 391 ; attendances for treatment, 5,082.

Diagnostic examinations, 494 ; number of removable appliances fitted, 886 ; repairs to appliances, 66 ; radiographs : intra-oral, 76 ; extra-oral, 14.

(4) ALLOCATION OF TIME :

<i>Number of half-days occupied in—</i>	Dental Surgeons	Dental Auxiliaries
Routine inspection ...	254.66	—
Treatment—school ...	7,561.50	1,403.18
orthodontic ...	606	—
Dental health education ...	130	624
	<u>8,552.16</u>	<u>2,027.18</u>

(5) ADDITIONAL INFORMATION :

Fillings of permanent teeth included 36 crowns, 30 gold inlays, four acolite inlays, 50 root treatments ; 11 pulpotomies were also carried out.

Statistics do not include Maternity and Child Welfare work.

INSPECTION OF SPECIAL CASES ("NON-ROUTINE" AND "AT RISK")

Defects found in Children Presented for Medical Inspection as "Non-Routines"—29,897 children were presented for "non-routine" inspection (generally on account of defect observed or suspected by teachers); 27,923 of these were pupils in ordinary schools and 1,974 in special schools.

Some of these children were found on examination to have more than one defect. The individual results were: nits minor, 1,992; nits major and/or vermin, 826; skin condition, 3,174; eye conditions (including defective vision), 6,346; ear, nose and throat defects, 3,045; "general" defects, 6,915; defective teeth, 2,818; no apparent disease, 1,579; and other causes, 3,202.

Re-Inspection of "Cases at Risk"—The total number of re-inspections was 19,234. Of these, 5,760 were found to be receiving treatment at the school clinics; 4,761 were being treated elsewhere; 4,681 did not require treatment; and 4,032 had not had the necessary treatment provided.

(Details of "non-routine" and "at risk" cases examined in Nursery Schools are given on page 157).

OTHER SPECIAL INSPECTIONS

The following table includes children seen during the Routine Medical Inspection period at schools:—

HOLIDAY CAMPS, EDUCATIONAL EXCURSIONS AND HOLIDAYS AT HOME AND ABROAD (SPRING AND SUMMER, 1968)

			Boys		Girls	
			Final or Only	Inspection	Final or Only	Inspection
			Number	Per Cent.	Number	Per Cent.
Fit	...	...	7,122	85.3	6,941	87.1
*Fit?	...	...	1,136	13.6	912	11.4
Unfit	...	...	89	1.1	114	1.4
Totals	...		8,347		7,967	

* Doubtful fitness,

CLEANLINESS INSPECTION IN SCHOOLS BY NURSES

The results of inspection by Cleanliness Inspectresses are as follows :—

	Boys		Girls	
<i>First Inspections—</i>				
Examined ...	60,971		59,287	
Infested ...	683	(1.1%)	1,118	(1.9%)
Infected ...	2,723	(4.5%)	5,588	(9.4%)
<i>Re-Inspections—</i>				
Examined ...	28,110		36,278	
Infested ...	1,090	(3.9%)	1,969	(5.4%)
Infected ...	4,968	(17.6%)	11,518	(31.7%)

In 600 instances, formal notices to cleanse children within 24 hours were issued, mainly by Cleanliness Inspectresses and Senior Woman Assistants.

On re-inspection 109 were found to have been cleansed at home by the parents and 40 to have been compulsorily disinfested at school or clinic.

Under Section 61 of the Education (Scotland) Act, 1962, 34 parents were convicted during the course of the year, fines being imposed as follows :—

30 of £1; 1 of £2; 2 of £3 and 1 of £5.

CLEANLINESS SUPERVISION BY SENIOR WOMAN ASSISTANTS (ASSISTED BY WELFARE ATTENDANTS) AT SELECTED SCHOOLS

The following table gives the percentages of children in the 33 selected schools found to be " clean and well-cared for in every respect " at two general inspections during the Session :—

	First Inspection		Second Inspection	
	Boys	Girls	Boys	Girls
Six original schools (January, 1941)	87.4	71.4	90.3	84.7
All thirty-three selected schools ...	86.2	74.2	85.8	75.6

In the *six original schools* the boys at both inspections and the girls at the second inspection were improved compared with last year.

For *all selected schools* improved percentages were recorded for boys at first inspection and for girls at both inspections.

The total numbers seen were :—

At first inspection —15,893 (7,630 boys and 8,263 girls).

At second inspection —15,951 (7,706 boys and 8,245 girls).

NURSERY SCHOOLS AND DAY NURSERIES

At the end of June, 1968, the Education Department was responsible for the administration of 55 Nursery Schools and Classes having places for 3,075 children and of Southannan Residential Nursery School, Fairlie, and Dunclutha Nursery School, Kirn, where 36 and 13 children respectively were accommodated. On the same date, the Health and Welfare Department had under its management 19 Day Nurseries, including two special day nurseries for handicapped children, with 831 places in all. There are, in addition, 18 places for children over five years of age who are ineducable and who are attending Broomhill Centre.

During the year children in the nursery schools to the number of 2,582 (1,288 boys and 1,294 girls) were subjected to "routine inspection." Two thousand and ninety-one were medically examined at the request of teachers and 214 were re-inspected. The results of these examinations are detailed below.

ROUTINE INSPECTION

Numbers and Percentages of Children suffering from Defects

Nature of Defects Found	Boys	Girls	Total
Uncleanliness of Head (nits)	18	25	43 (1·7)
Skin Conditions of Head or Body	56	57	113 (4·4)
Defective Nutrition	14	5	19 (0·7)
Dental Defects	130	109	239 (9·3)
Naso-pharyngeal Conditions	178	153	331 (12·8)
Eye Diseases (including strabismus)	39	45	84 (3·3)
Defective Vision (for refraction)	27	22	49 (1·9)
Ear Disease (including defective hearing)	29	31	60 (2·3)
Defective Speech	47	25	72 (2·8)
Mental and Nervous Conditions	21	10	31 (1·2)
Defects of Circulatory System	20	19	39 (1·5)
Pulmonary Conditions	56	26	82 (3·2)
Deformities	60	41	101 (3·9)
Other Diseases or defects	90	94	184 (7·1)

INSPECTION OF NON-ROUTINE CASES

Children to the number of 2,091 were presented for inspection on account of defects observed or suspected by teachers. The individual results were as follows :—

Head infestation, 7 ; skin conditions, 197 ; eye conditions, 468 ; ear, nose and throat defects, 248 ; "general" defects, 824 ; defective teeth, 76 ; no apparent disease, 70 ; and other causes, 193.

RE-INSPECTION OF "AT RISK" CASES

One hundred and nine pupils were re-inspected during the Session.

PREVENTION OF TUBERCULOSIS

TEACHERS' SICK PAY REGULATIONS

During the year ended 31st July, 1968, teachers to the number of 2,935 (1,263 males and 1,672 females) were X-rayed.

The numbers recalled for large film (including report from Chest Physicians) were 33 men and 38 women, the diagnoses being as shown :—

	Males	Females
Active Pulmonary Tuberculosis	—	3
Inactive Pulmonary Tuberculosis (including calcified or fibrotic conditions)	10	12
Inactive Pulmonary Tuberculosis (pleural thickening)	5	3
Cardiac Hypertrophy	3	2
Bronchiectasis	1	—
Bone defects	1	2
Fibrosis following Mastectomy and Radiation ...	—	1
Auricular Fibrillation	—	1
Healed Simple Inflammatory Chronic Bronchitis and Emphysema	1	—
No Apparent Defect	12	14
	—	—
Totals	33	38
	—	—

During the same year, 21 nursery assistants were X-rayed.

B.C.G. VACCINATION CAMPAIGN, 1967

Total Schools visited ...	102
Total forms issued	15,735
Parental consents granted	15,269
Total absent	750
Total number tested ...	14,519

MANTOUX RESULTS

	Boys	Girls	Total
Positive ...	1,636	1,628	3,264
Negative ...	5,701	5,554	11,255

VACCINATIONS

5,687	5,545	11,232
-------	-------	--------

MASS RADIOGRAPHY

Details of children X-rayed by the Mass Radiography Service of Elmbank Street are given in the following tables.

Table A shows the numbers of school children found to be Mantoux positive during the year who were X-rayed for the first time. Table B gives details of the pupils who were Mantoux positive in the previous year and were re-X-rayed during the period reviewed. These tables exclude 81 boys and 85 girls with highly positive reactions to the Mantoux test who were referred to their area chest clinics direct or to their family doctors and were not examined by Mass Miniature Radiography.

Dr. T. J. R. Miller, Medical Director of the Mass Radiography Service, reports as follows :—

In all 2,604 Mantoux positive children, 1,288 boys and 1,316 girls, were X-rayed for the first time. One boy, an incidence of 0·77 per thousand in males and of 0·38 per thousand in the total examined, had active pulmonary tuberculosis (Table A).

A total of 2,673 pupils (1,393 boys and 1,280 girls) Mantoux positive the previous year were re-X-rayed. Two boys and one girl, an incidence of 1·12 per thousand in the total examined, had active lesions (Table B).

An additional 394 pupils (196 boys and 198 girls) who missed the Mantoux test were X-rayed, with the exception of a girl with post-inflammatory fibrosis who was referred to her own doctor. All had satisfactory X-rays.

RADIOGRAPHY SURVEY OF FURTHER EDUCATION COLLEGES

During October/November, 1967, the Mass Radiography Service examined students in three colleges of further education and two annexes of colleges. Altogether 3,635 (2,750 males and 885 females) were X-rayed, 51 (39 males and 12 females) of these being recalled for large film.

Seven cases of pulmonary tuberculosis were revealed, two (0·55 per thousand) being known cases, three (0·83 per thousand) having inactive and two (0·55 per thousand) having active lesions. Compared with the previous year, active and previously diagnosed cases were rather less frequent and inactive lesions rather more frequent in the numbers examined.

TABLE A—MANTOUX REACTORS FOR YEAR ENDING 31st JULY, 1968
ABNORMALITIES FOUND AND ACTION TAKEN BY MASS RADIOGRAPHY SERVICE

	No action after investigation		Referred to own doctor		Out-patient treatment		Observation		Sent to hospital		Total Number Examined (and rate per thousand)		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
PULMONARY TUBERCULOSIS—													
Active	—	—	—	—	1	—	—	—	—	—	1 (0.77)	—	1 (0.38)
Healed Primary	14	9	—	—	—	—	—	1	—	—	14 (10.86)	10 (7.59)	24 (9.21)
Inactive	1	—	—	—	—	—	—	1	—	—	1 (0.77)	1 (0.75)	1 (0.38)
Known Cases	—	—	—	1	—	—	—	—	—	—	—	1 (0.75)	1 (0.38)
OTHER PULMONARY ABNORMALITIES—													
Acquired Heart Abnormality ...	—	—	1	—	—	—	—	—	—	—	1 (0.77)	—	1 (0.38)

Numbers examined : 1,288 boys and 1,316 girls—Total, 2,604.

TABLE B—RE-X-RAYED MANTOUX REACTORS X-RAYED A YEAR PREVIOUSLY
ABNORMALITIES FOUND AND ACTION TAKEN BY MASS RADIOGRAPHY SERVICE

YEAR ENDING 31st JULY, 1968

	No action after investigation		Referred to own doctor		Out-patient treatment		Observation		Sent to hospital		Total Number Examined (and rate per thousand)		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
PULMONARY TUBERCULOSIS—													
Active	—	—	—	—	—	1	—	—	1	—	1 (0·72)	1 (0·78)	2 (0·75)
? Active	—	—	—	—	1	—	—	—	—	—	1 (0·72)	—	1 (0·37)
Healed Primary	12	5	—	—	1	—	—	—	—	—	13 (9·33)	5 (3·90)	18 (6·73)
Known Cases	—	—	1	1	—	—	1	—	—	—	2 (1·43)	1 (0·78)	3 (1·12)
OTHER PULMONARY ABNORMALITIES—													
Bacterial and Virus infections of Lungs	—	—	—	—	2	—	—	—	—	—	2 (1·43)	—	2 (0·75)
Pulmonary Fibrosis	—	—	1	—	—	—	—	—	—	—	1 (0·72)	—	1 (0·37)
Pleural Thickening	—	—	—	—	—	—	—	1	—	—	1 (0·72)	—	1 (0·37)
Acquired Heart Abnormality	—	—	1	—	—	—	—	—	—	—	1 (0·72)	—	1 (0·37)

Numbers re-examined: 1,393 boys and 1,280 girls—total, **2,673.**

Disposal of cases followed the usual lines. All those with abnormalities of any significance were informed and a report, together with an indication of the action considered advisable, was sent to the private doctor. Those requiring further assessment were examined and advised at their area chest clinics. One man with an acquired heart condition was examined by Dr. Rogen, the cardiologist.

The following table summarises the results :—

	Male	Female	Total
Number examined	2,750	855	3,635
Recalled for large film	39	12	51
<i>Pulmonary Tuberculosis—</i>			
Active	2 (0.73)	—	2 (0.55)
? Active	—	—	—
? Inactive	—	—	—
Inactive	2 (0.73)	1 (1.13)	3 (0.83)
Known	1 (0.4)	1 (1.13)	2 (0.55)
	<hr/> 5	<hr/> 2	<hr/> 7
	(1.81)	(2.26)	(1.92)
<i>Other Abnormalities—</i>			
Pulmonary Fibrosis	2	—	2
Bronchiectasis	1	—	1
Acquired Heart Condition	1	—	1
	<hr/> 4	<hr/> —	<hr/> 4
	—	—	—

MEDICAL SUPERVISION OF REMAND HOMES

During the year ended 31st July, 1968, 1,674 boys were admitted to Larchgrove Home and 275 to Beechwood Home. Medical examinations were 2,639 boys and 387 girls and those found to be suffering from various ailments were, on the advice of the visiting School Medical Officer, disposed of as follows :—

361 boys were treated in the Home, 5 at clinic; 5 were X-rayed and 6 were removed to hospital.

10 girls were treated in the Home and 6 at clinic.

IMMUNISATION CAMPAIGNS IN SCHOOLS

(i) DIPHTHERIA AND TETANUS :

Injections given by School Medical Officers :—

First	Second	Re-inforcing	Total Doses
6,059	5,632	18,163	291,854

(ii) POLIOMYELITIS :

Oral doses administered by School Nurses to children at primary schools :—

First	Second	Third	Re-inforcing	Total Doses
1,637	1,449	1,229	16,405	20,720

SPEECH THERAPY

(i) CASES OF SPEECH DEFECT TREATED IN SCHOOLS AND CLASSES FOR THE PHYSICALLY HANDICAPPED DURING THE YEAR ENDED 31st JULY, 1968

Speech Defect	Advice only	Number Treated		Number of Treatments		Suspended		DISCHARGED								Current Cases			
								Satisfactory		Improved		Unsatisfactory		Failed to Co-operate				Transferred	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls				
Stutter	—	9	1	31	33	—	1	—	—	—	—	—	—	9	—				
Multiple Dyslalia	—	13	6	97	42	4	2	1	—	—	—	—	—	7	4				
Simple Dyslalia	—	2	1	17	15	1	1	—	—	—	—	—	—	—	—				
Idioglossia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Delayed Speech	—	9	3	52	41	1	1	1	—	—	—	—	—	7	2				
Cleft Palate	—	—	1	—	7	—	1	—	—	—	—	—	—	—	—				
Dysphonia	—	1	—	10	—	1	—	—	—	—	—	—	—	—	—				
Dysphasia	—	2	—	31	—	2	—	—	—	—	—	—	—	—	—				
Dysarthria	—	12	1	216	20	11	1	—	—	—	—	—	1	—	—				
Dyseneia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Totals	—	48	13	454	158	20	7	2	—	1	—	—	—	23	6				

SPEECH THERAPY—Continued

(ii) CASES OF SPEECH DEFECT TREATED IN SCHOOLS AND CLASSES FOR THE MENTALLY HANDICAPPED DURING THE YEAR ENDED 31st JULY, 1968

Speech Defect	Advice only	Number Treated		Number of Treatments		Suspended		DISCHARGES								Current Cases			
		Boys	Girls	Boys	Girls	Boys	Girls	Satisfactory		Improved		Unsatisfactory		Failed to Co-operate		Transferred			
								Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Stutter	5	76	30	391	141	69	29	1	1	4	—	—	—	—	—	1	2	—	
Multiple Dyslalia ...	6	131	80	878	610	109	68	10	2	3	4	—	—	2	—	6	3	4	
Simple Dyslalia ...	4	19	13	97	100	17	11	1	2	—	—	—	—	—	—	1	—	—	
Idioglossia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Delayed Speech ...	20	44	23	324	159	38	20	1	2	—	1	—	—	—	—	5	—	—	
Cleft Palate ...	—	5	3	79	7	5	1	—	—	—	—	—	—	—	1	—	—	—	
Dysphonia ...	2	4	11	29	15	3	9	—	—	—	—	—	—	—	1	2	—	—	
Dysphasia ...	—	16	1	63	13	14	1	—	—	—	—	2	—	—	—	—	—	—	
Dysarthria ...	—	7	5	37	20	6	5	1	—	—	—	—	—	—	—	—	—	—	
Dysenxia ...	1	—	2	—	32	—	2	—	—	—	—	—	—	—	—	—	—	—	
Totals	42	302	168	2,618	1,097	261	146	14	7	7	5	2	—	2	1	13	6	5	4

(iii) CASES OF SPEECH DEFECT (PUPILS IN ORDINARY SCHOOLS) TREATED DURING THE YEAR ENDED 31st JULY, 1968

Speech Defect	Advice only	Number Treated		Number of Treatments		Suspended		Discharged								Current Cases			
		Number Treated		Number of Treatments		Suspended		Satisfactory		Improved		Unsatisfactory		Failed to Co-operate		Transferred		Boys	Girls
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Stutter	62	125	34	1,278	242	52	19	14	3	9	3	2	—	6	1	7	4	35	4
Multiple Dyslalia ...	150	369	212	3,847	2,008	133	84	82	49	18	7	4	1	24	27	20	14	88	30
Simple Dyslalia ...	33	57	31	410	276	24	12	28	15	3	4	—	—	—	—	—	—	2	—
Idioglossia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Delayed Speech ...	23	40	23	518	271	12	13	5	—	1	3	—	—	1	—	4	1	17	6
Cleft Palate	1	6	8	65	73	3	6	—	—	—	—	—	—	—	1	2	—	1	1
Dysphonia	4	6	3	36	20	5	1	—	—	—	—	—	—	—	1	—	1	1	—
Dysphasia	1	4	5	29	55	3	2	—	—	—	—	—	—	—	—	1	—	—	3
Dysarthria	1	4	3	34	53	1	—	—	—	—	—	—	—	—	—	—	—	3	3
Dysenecia	1	7	5	56	48	4	3	1	—	—	—	—	—	—	1	1	—	1	1
Totals	276	618	324	6,273	3,046	237	140	130	67	31	17	6	1	31	31	35	20	148	48

Home Visits—67; School Visits—514.

SPEECH THERAPY—Continued

(iv) CASES OF SPEECH DEFECT (PRE-SCHOOL CHILDREN) TREATED AT ALL CLINICS DURING
YEAR ENDED 31st JULY, 1968

Speech Defect	Advice only	Number Treated		Number of Treatments		Suspended		DISCHARGED								Current Cases			
		Boys	Girls	Boys	Girls	Boys	Girls	Satisfactory		Improved		Unsatisfactory		Failed to Co-operate		Transferred			
								Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stutter ...	19	8	9	62	37	5	5	—	—	—	1	—	—	—	—	2	1	1	1
Multiple Dyslalia ...	39	57	22	644	271	32	4	7	2	1	2	—	1	1	2	2	2	14	9
Simple Dyslalia ...	3	—	1	—	6	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Idioglossia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Delayed Speech ...	20	41	27	527	262	8	11	6	5	2	—	—	1	2	2	4	3	19	5
Cleft Palate ...	—	2	3	30	8	—	2	—	—	—	—	—	—	—	—	1	—	1	1
Dysphonia ...	—	2	—	12	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Dysphasia ...	—	—	1	—	14	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Dysarthria ...	—	—	2	—	10	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Dyscencia ...	—	2	1	17	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	81	112	65	1,292	612	48	26	13	7	3	3	—	2	3	4	9	6	36	17

Home Visits—32.

SPEECH THERAPY—Continued

(vii) CASES OF SPEECH DEFECT TREATED AT THE SCHOOL FOR THE DEAF AND PARTIALLY DEAF DURING YEAR ENDED 31st JULY, 1968

Speech Defect	Advice only	Number Treated		Number of Treatments		Suspended		DISCHARGED								Current Cases		
								Satisfactory		Improved		Unsatisfactory		Failed to Co-operate		Transferred		
								Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stutter	—	1	—	16	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Multiple Dyslalia ...	—	1	1	2	6	—	—	—	—	—	—	—	—	—	—	1	—	—
Simple Dyslalia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Idioglossia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Delayed Speech ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cleft Palate ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysphonia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysphasia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysarthria ...	—	1	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Dysenceia	—	48	34	508	432	24	23	—	—	16	8	—	—	—	—	—	8	3
Totals	—	51	35	529	438	26	23	1	—	16	8	—	—	—	—	1	8	3

School Visits—117.

AUDIOMETRIC SURVEYS

A summary of the work done throughout the year in connection with Survey No. XIX, is as follows :—

SURVEY No. XIX (CHILDREN BORN IN 1961)

	Routine	Non-Routine	Total
Number of schools visited	—	—	209
Number "sweep" tested in schools ...	11,093	53	11,146
Number failed in "sweep" test	933	25	958
Number examined by School Medical Officer	Routine and Non-Routine		579
Number recommended for Threshold test by School Medical Officer	Routine and Non-Routine		579
Number Threshold tested	284	23	307
Number awaiting Threshold test (including 29 for tonsil/adenoid operation) ...	Routine and Non-Routine		220
Number awaiting treatment before having Threshold test	Routine and Non-Routine		18
Number did not attend for Threshold test	Routine and Non-Routine		34
Number attended for retest	8	1	9
Number awaiting retest	Routine and Non-Routine		35
Number awaiting result of Threshold test	Routine and Non-Routine		3
Number graded	Routine and Non-Routine		226
Number awaiting grading	Routine and Non-Routine		33

The results of the 226 children graded were :—

	Routine	Non-routine	Total
Referred to Consultant	22	—	22
Graded—A	8	—	8
Graded—Normal	101	95	196
	<u>131</u>	<u>95</u>	<u>226</u>

Most of the remainder were at the end of the year awaiting testing, re-testing, clinic treatment or grading.

The Consultant Aurist classified 39 cases from the various surveys as follows :—

	Boys	Girls	Totals
Normal	17	12	29
Grade I	4	3	7
Grade II	—	—	—
Grade IIA	1	2	3

In connection with Survey No. XVIII (children born in 1957), a number of children was brought forward from the previous Session ; some of these were dealt with as shown below :—

	Routine	Non-routine	Total
Referred to Consultant	21	23	44
Graded—A	12	13	25
Graded—Normal	82	58	140
	<u>115</u>	<u>94</u>	<u>209</u>

Brought forward from Session 1967 were children from previous Surveys, some of whom were dealt with as follows :—

					Routine	Non-routine	Total
Referred to Consultant	...	...	...		33	5	38
Graded—A	...	...	...	...	64	—	64
Graded—Normal	...	...	...	...	194	1	195
					<u>291</u>	<u>6</u>	<u>297</u>

MEDICAL EXAMINATIONS

				First Examination		Re-examination		Total
				Boys	Girls	Boys	Girls	
Summonses	...	...	...	759	722	281	279	2,041
Attendances	...	...	...	461	402	205	182	1,250
Examinations	...	...	...	457	400	205	182	1,244

RECOMMENDATIONS

Audiogram	...	...	...	381	316	173	150	1,020
Clinic treatment and Audiogram	...	...	...	70	77	10	11	168
Speech therapy	...	...	...	7	2	1	—	10
Front seat in class	...	...	...	41	25	32	11	109
Lip-reading	...	...	...	—	—	5	4	9
Tonsil/adenoid operation	...	...	...	23	28	13	19	83
Hearing aids	...	...	...	2	—	2	4	8
Referred to consultant	...	...	...	9	6	2	—	17
Other recommendations	...	...	...	1	1	1	1	4

RISK GROUP

Three hundred and fifty-six (189 boys and 167 girls) were summoned for examination and 218 (119 boys and 99 girls) attended. One hundred and ninety-three children were recommended for audiogram test, 22 for clinic treatment and audiogram, 13 for tonsil/adenoid operation, and nine for other forms of treatment.

TWINS' REGISTER

One hundred and forty (66 boys and 74 girls) were summoned and 66 (31 boys and 35 girls) attended. Recommendations included 62 for audiogram, four for clinic treatment and audiogram and one for front seat in class.

DISPOSAL

In the course of the Session a number of cases was passed to the Education Department (Special Schools Section) for disposal in respect of their educational needs, most of them having been graded according to the degree of hearing loss. These cases are listed in the following table under the various Audiometric Surveys :—

MORTALITY OF SCHOOL CHILDREN

Deaths during Year ended 31st July, 1968, of Children aged 5-15 years

Cause of Death				5-10 Years		10-15 Years		All Ages		Totals
				Boys	Girls	Boys	Girls	Boys	Girls	
Motor vehicle accidents	...			4	3	6	6	10	9	19
Other violent causes	...	...		14	3	4	1	18	4	22
Measles	...	...	...	—	1	—	—	—	1	1
Psittacosis	...	...	...	—	—	1	—	1	—	1
Malignant neoplasms	...	...		4	1	1	1	5	2	7
Thrombocytopenia purpura	...			—	1	—	—	—	1	1
Chronic rheumatic heart disease				—	—	1	—	1	—	1
Carditis	...	...	...	—	1	—	—	—	1	1
Pneumonia	...	...	...	1	3	1	—	2	3	5
Bronchitis	...	...	...	—	—	—	2	—	2	2
Asthma	...	...	...	—	—	1	—	1	—	1
Appendicitis	...	...	...	—	—	1	—	1	—	1
Gastro-enteritis	...	...	...	1	1	—	—	1	1	22
Nephritis and Nephrosis	...			1	—	—	1	1	1	2
Congenital malformations	...			2	1	3	1	5	2	7
Subarachnoid haemorrhage	...			1	—	—	—	1	—	1
Pseudohypertrophic dystrophy				—	—	1	—	1	—	1
Totals	...	...		28	15	20	12	48	27	75

SECTION V

HEALTH EDUCATION

The work of the section expanded during the year. There have been increased demands for health information from youth organisations. During the year, a report on the development of the section to provide a better service to the community was prepared by the Health Education Officer.

HOME SAFETY

The Glasgow Home Safety Committee met on five occasions and also held an Annual General Meeting which was attended by interested organisations and individuals. During the year the Committee received reports from the Chairman on decisions made by the National Home Safety Committee which were in turn circulated by members.

Jumping Bean Toys—The Committee drew the attention of the National Accident Prevention Council to the “Jumping Bean Toys” which were on sale in this country. The Home Office agreed that the pellets in the toy could cause lead poisoning and were grateful to the Glasgow Committee for bringing it to their notice. The Hong Kong Government was asked to take action and importers agreed to withdraw the toy.

Poisonous Drugs Campaigns—Two campaigns, in 1966 and 1968, on the necessity of keeping pills, drugs, medicines and domestic chemicals in a safe place out of the reach of children, have been organised by the Committee and the Department and the Glasgow Branch of the Pharmaceutical Society of Great Britain. The Health Education Officer was twice interviewed on television and was able to speak about the object of the campaign.

As a result of the 1968 campaign, the Committee agreed on a resolution for submission to the Scottish Accident Prevention Council—that the pharmaceutical industry should be requested to consider the incorporation of a warning on the labels of their products about the necessity of keeping pills, drugs and chemicals in a secure place out of the reach of children.

Publicity—Home safety posters and leaflets continue to be distributed to clinics, schools and youth organisations. The main demand is still from the youth organisations catering for the 8-12 year old group. The Press and television gave considerable coverage to campaigns.

Lectures—During the year there was a continuing demand by various organisations for talks on Home Safety and these were dealt with by the health visiting staff, the Health Education Officer and members of the Committee.

Essay project—It was decided to sponsor an essay competition in co-operation with the Director of Education.

Campaign—The committee was concerned about the 26 per cent. increase in burning accidents on Friday nights compared with other evenings, particularly those involving cooking with fat, hot ashes and dropped lights, such as smoking in bed, and decided to seek the support of the Health and Welfare Committee and the Medical Officer of Health in running a campaign on the theme of "Friday Night is Danger Night".

CERVICAL CYTOLOGY CAMPAIGNS

Despite national publicity it would seem that this service is not as well known to the public at large as other aspects of prevention. Experience has shown that health education is necessary if an adequate response is to be obtained from the at-risk group. Two campaigns, each based on different promotional methods, were launched in 1967 and 1968 and the results are compared below.

Campaign 1967 (commenced March)—4,856 women examined at Child Welfare Clinics.

- Methods :
- (1) Personal efforts by Health Visitors
 - (2) Press Publicity
 - (3) Posters on key sites.

Campaign 1968 (March till September)—4,899 women examined at Child Welfare Clinics.

- Methods :
- (1) Personal efforts by Health Visitors
 - (2) Co-operation of more than 300 secretaries of women's organisations in presenting to members a Health Bulletin on Cervical Cytology and sending in lists of their members who wished to be examined.
 - (3) Slides in cinemas
 - (4) Posters.

In both campaigns as promotional activity tapered off the response rate fell correspondingly.

PUBLICITY AND PUBLIC RELATIONS IN SPECIAL CIRCUMSTANCES

Measles—On the introduction of measles vaccine, publicity, including posters and Press reports, was undertaken throughout the City.

Salmonella Outbreak—Publicity material on hygiene received from the Scottish Health Education Unit was distributed in response to inquiries received during the outbreak. The Medical Officer of Health appeared on television and spoke about the situation.

Hong Kong Flu—Posters were printed in readiness should an outbreak of Hong Kong Flu occur in the City, but fortunately these were not needed. The position was explained to the public over television by the Medical Officer of Health.

Colds—Posters issued by the Scottish Health Education Unit were distributed.

UNIVERSITY OF LONDON—*Diploma in Health Education*

For the second year in succession a programme for an overseas student was arranged consisting of visits to sections and practical work.

TALKS

During the year, talks were given by the Health Education Officer to audiences ranging from a youth club to a further education centre.

DISPLAY UNITS

The number of units on health topics rotating round the clinics on a short term basis was increased during the year. Subjects include burns and scalds, hygiene, immunisation, diet at two months, budgeting, cooking with fat, good neighbours, breast feeding.

PUBLIC RELATIONS

The Department's activities were widely supported by the Press and television.

During the year four articles by the Health Education Officer appeared in the *Journal of Health Education*.

TEACHING FILM

A silent film, "Blind and Autistic Children", was prepared in co-operation with the Balvicar Centre. Production involved filming specific cases at the Clinic and at a patient's home. Titles and captions were edited into the film which is used for instructional purposes.

SECTION VI

HOME HELP SERVICE

This service, which was originally intended to provide help in the home during a mother's confinement, now affords assistance in a variety of circumstances and without it a family may have to separate or an old or infirm person be removed to hospital for an indefinite period. Under Section 28 of the National Health Service (Scotland) Act, 1947, "A Local Health Authority may make such arrangements as the Secretary of State may approve for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying in, an expectant mother, mentally defective, aged, or child not over school age within the meaning of the Education (Scotland) Act, 1946".

This service has been greatly appreciated by those who have had the benefit of it and in consequence is now widely known and in great demand. Applications for help under the "General" and "Extended" schemes increased in 1968, and despite the steady increase in staff from 368 in 1948 to 1,924 in 1968, the number is still inadequate to satisfy the present demand.

Of the 1,924 domestic helps employed, 277 were on a whole time and 1,647 on a part-time basis. Included in this total were 24 helps engaged on Tuberculosis cases. The heavy demand from the elderly chronic sick continues; most of the part-time workers had two cases for two hours each and the full-time helps three cases per day. The following table shows the category and number of cases assisted in the past six years :—

	1963	1964	1965	1966	1967	1968
Maternity ...	1,988	1,961	1,709	1,331	1,144	972
General, etc.	6,713	6,647	7,089	6,999	7,158	7,260
Tuberculosis	127	121	102	85	78	57
Totals ...	<u>8,828</u>	<u>8,729</u>	<u>8,900</u>	<u>8,415</u>	<u>8,380</u>	<u>8,289</u>

The charge to individual patients for Home Help Service varies according to means. The maximum charge remained at 39s. per day for full-time help, 19s. 6d. per half-day and 9s. 9d. for two hours. The minimum charge remained at 4s. per day for full-time and 2s. per day for part-time help. The two hours' help given on Sundays is charged at week-day rates but the Corporation Night-sitter and Evening Services are without charge to the patient.

Old age pensioners with no other source of income may receive assistance in the payment for Home Help Service from the Ministry of Social Security.

MATERNITY AND CHILD WELFARE SCHEME

Maternity cases are given priority. The period of help offered initially is two weeks although many cases finish after one week. There was a further reduction in the number of such cases assisted in 1968—972 (of which 655 were confinements), compared with 1,144 in 1967.

Child Welfare cases may have help for several months if a medical certificate is received with the application for an extension. Seven families of motherless children were cared for in 1968. It may also be of interest to note that nine fatherless families received help because of confinement or illness of the mother.

Of the total 972 cases assisted, 437 had full-time and 535 part-time help. The maximum charge was paid by 141 and the minimum rate by 221 cases.

GENERAL SCHEME

These cases make the heaviest demand on the Service, a large proportion of them being cases of prolonged illness or incapacity who would otherwise have to go into hospital. The Service was not designed to provide permanent assistance but to give the family concerned time to make their own arrangements for securing assistance. The number of such cases assisted in 1968 was 3,906, a large percentage receiving only two hours help per day : 34 received full-time help and 3,872, part-time help. The maximum charge was paid by 564 cases and the minimum by 2,471. Nine families of motherless children were also cared for under the General Scheme. The children in these families were all of school age.

EXTENDED SCHEME

In many cases there is no family or near relative to care for the applicant who is so incapacitated by illness or infirmity as to require assistance for a more prolonged period than that permitted by the General Scheme. A special "Extended" scheme was devised in 1947, to help 12 cases which, having exhausted the maximum eight week period allowed by the General Scheme, still required assistance. Under this scheme, the charge is halved, the minimum remaining at 2s. per half day. The number of such cases has steadily increased and in 1968, 1,074 new

cases were added to those already receiving this help. In all, 3,255 cases were assisted in 1968, and were given two to four hours' daily help according to need. Of this total, 14 paid the maximum charge of 9s. 9d., while 2,920 paid the minimum.

DISSEMINATED SCLEROSIS SCHEME

Owing to the peculiarly crippling nature of their disability, a similar long-term system of assistance is provided for certain cases of Disseminated Sclerosis, most of them being allowed four hours' help daily. Fourteen new cases came under care in 1968, and the number assisted was 99. Seven paid the maximum charge; the minimum was paid by 69 persons.

TUBERCULOSIS CASES

There were 20 new cases in 1968, bringing the total number of such cases helped in 1968 to 57. All of those patients had part-time help. Two paid the maximum charge while 42 paid the minimum.

NIGHT-SITTER AND SUNDAY, ETC., SERVICE

A night-sitter service for cancer patients reaching the terminal stage of their illness came into operation on 1st November, 1962. This service was initiated at the request of the Marie Curie Memorial Foundation and is partly financed from the Foundation's Funds. During 1968, 23 cases were assisted in this way.

The night-sitters are in attendance from 10 p.m. until 8 a.m. from Monday to Friday inclusive. If no relatives are available to help during the week-ends, the night-sitter attends on all seven nights. Her duties are to keep the patient clean and comfortable, give nourishment as required and allow any members of the family who are working by day to have an undisturbed night. This service is much appreciated.

A similar night service is provided by the Health and Welfare Department for other patients whose illness has reached the terminal stage. There was, however, small demand for this in 1968 and only one patient received such care.

A Sunday service was given to 185 cases, slightly less than last year's total.

There was also a slight decrease in the number of cases helped in the evenings, of whom there were 57 in 1968.

The following table shows the illnesses or other condition in respect of which applications for domestic help under the General Scheme were made in 1968 :—

<i>Illness</i>					<i>Under 40 yrs.</i>	<i>40-64 yrs.</i>	<i>65 yrs. and over</i>	<i>Total.</i>
1. Accident	...	...	...	...	8	46	233	287
2. Blindness	...	...	...	...	1	9	37	47
3. Cancer	...	...	...	...	4	47	70	121
4. Cardiac Disease	...	...	...	...	7	92	408	507
5. Circulatory Disease	...	...	...	...	2	60	245	307
6. Debility	...	...	...	...	—	13	467	480
7. Diabetes	...	...	...	...	—	15	40	55
8. Digestive Disorder	...	...	...	...	—	8	26	34
9. Hemiplegia, Paraplegia and Paralysis	...	...	...	...	2	35	64	101
10. Intracranial Vascular Lesion	...	...	...	...	—	77	253	330
11. Kidney and Bladder Disease	...	...	...	...	1	14	37	52
12. Nervous Disorder	...	...	...	...	17	59	79	155
13. Post Operative	...	...	...	...	24	140	193	357
14. Respiratory Disease	...	...	...	...	8	69	325	402
15. Rheumatism	...	...	...	...	7	73	314	394
16. Senility	...	...	...	...	—	—	59	59
17. Other Causes	...	...	...	...	11	52	155	218
Totals					92	809	3,005	3,906

SECTION VII

HOME NURSING SERVICE, ETC.

The distribution of the staff of the Glasgow District Nursing Association as at 31st December, 1968, is shown as follows :—

HOME NURSING STAFF, 1968

Senior Superintendent of Home Nursing	...	...	...	1
Superintendent/Tutor	...	...	...	1
Superintendent of Centres	...	...	...	4
Assistant Superintendents	...	...	...	6
				<hr/> 12
Queen's Nurses on General Work	...	...	...	81
Queen's Nurses on Midwifery Work	...	...	...	12
State Registered Nurses in Training for the Queen's Roll	...			2
State Registered Nurses on full-time Nursing	...	...		9
State Enrolled Nurses on full-time Nursing	...	...		26
State Registered Nurses on part-time Nursing	...	...		32
				<hr/> 174

In 1968 there were 63 entrants and 65 resignations.

RECORD OF WORK FOR THE YEAR ENDED 31ST DECEMBER, 1968

With the movement of population to the Housing Schemes the work is concentrated in these areas which means more time is spent on travelling and walking where public transport is poor.

The number of patients in the "over 65 years" group continues to increase as do the visits.

		1967	1968
Patients	...	5,549	6,120
Visits	...	195,972	200,103

The eight District Nurses attached to the Geriatric Units provide an excellent liaison between the hospital and the home. They integrate the statutory and voluntary services available to the patient on discharge from hospital, and provide a known figure, giving a feeling of security especially to those living alone.

The number of Pulmonary Tuberculosis patients assisted during the year shows an increase of four from 1967.

		1964	1965	1966	1967	1968
Patients	...	305	278	284	234	238
Visits	...	16,252	14,921	13,454	11,781	11,241

MIDWIFERY

The number of confinements attended continues to fall sharply since hospital beds are more readily available.

1963	1964	1965	1966	1967	1968
1,204	1,208	727	549	344	269

Nursing Appliances—The number of appliances issued on loan during the year was 3,144. Some of the items issued to patients remain in use over long periods.

District Training—Twenty-three Students entered for the Queen's Roll Examination and all were successful.

State Enrolled Nurses—A Course of Instruction was arranged for twelve State Enrolled Nurses who work with the district nurse. The lectures and practical instruction were of twelve weeks' duration, followed by a written and practical assessment in which all were successful.

Midwifery Training—Student Midwives are accepted from the Glasgow Royal Maternity Hospital for extern training under the supervision of Approved Midwifery Teachers. Forty-five Students delivered 225 patients. In addition six cases were taken by Students from Glasgow Hospitals.

COURSES AND CONFERENCES

Midwifery Refresher Courses. Three midwives attended a Course in Aberdeen, 30th March-6th April, three the Course in Edinburgh, 13th-19th October, and three the Course held in Edinburgh, 10th-16th November.

Two Senior Nurses attended a two weeks Refresher Course at the Glasgow Royal Maternity Hospital in September.

Course in Administration—*Strathclyde University, 1st-5th July.* One Superintendent, three Assistant Superintendents and three Senior Nurses attended the Course.

Queen's Institute of District Nursing Conference—*4th May, London.* This was attended by the Senior Superintendent and the Superintendent/Tutor.

Conference, Scottish Hospital Centre, on Confused Elderly—*18th October.* This was attended by the Senior Superintendent.

"The Diabetic at Home" Conference, Glasgow Royal Infirmary—*15th November.* Twelve members of staff attended this Conference.

RECORD OF WORK FOR YEAR ENDED 31ST DECEMBER, 1968

Cases on books at 1st January, 1968	...	2,744	
Number of new cases added	... ..	7,579	
Number of cases dismissed	... ..	7,512	
Number of cases remaining at 31st December, 1968	... ..	2,811	
<i>Dismissed—</i>		<i>General.</i>	<i>Midwifery.</i>
Treatment completed	... ..	4,161	324
Hospital	... ..	1,983	
Died	... ..	1,044	
Total number of visits paid by Nursing Staff	...	298,447	
Number of Teaching Rounds with Students	...	225	
Number of Assessment Rounds with State Enrolled Nurses	... ..		48

ANALYSIS OF ALL CASES ATTENDED DURING 1968

Respiratory Infections	... ..	579	
Cardiac Diseases	... ..	476	
Cerebral Vascular Accident	... ..	872	
Diseases of Central Nervous System	... ..	351	
Arthritis	... ..	359	
Carcinoma	... ..	684	
Anaemia	... ..	1,946	
Diabetes	... ..	236	
Skin Conditions	... ..	84	
Ear, Nose, Throat Infection	... ..	173	
Infectious Diseases	... ..	22	
Enemeta	... ..	624	
Puerperia—Mother	... ..	39	
Baby	... ..	32	
Geriatric	... ..	919	
Unclassified	... ..	652	
		<hr/>	8,048
Operations...	... ..	1	
Post Operation Surgical...	... ..	698	
Other Surgical	... ..	832	
		<hr/>	1,531
Pulmonary Tuberculosis	... ..	238	
Non-pulmonary	... ..	54	
Surgical	... ..	15	
		<hr/>	307
Gynaecological	... ..	107	
		<hr/>	107
Midwifery	... ..	330	
		<hr/>	330

SUB ANALYSIS OF CASES INJECTIONS

Insulin	...	...	...	...	...	216	
Antibiotics—Non-Tuberculosis	...	...	...	...	...	648	
Tuberculosis	...	...	...	...	...	276	
Anaemia Group	...	...	...	...	...	1,952	
Diuretic	...	...	...	...	...	155	
Sedatives	...	...	...	...	...	39	
Unclassified	...	...	...	...	...	344	
						<hr/>	3,630

PATIENTS 65 YEARS AND OVER

Males	...	...	...	...	...	1,645	
Females	...	...	...	...	...	4,475	
						<hr/>	6,120

NURSES (SCOTLAND) ACT

NURSING AGENCIES

No new applications were received during the year though one agency extended its premises. Satisfactory reports were made on the three existing agencies which annually apply for renewal and the licences were granted in each case.

NURSING HOMES REGISTRATION (SCOTLAND) ACT, 1938

No new application for registration under the above Act was received during the year but one Home was re-registered following a change of ownership. Two Homes re-applied for exemption from registration and this was approved in each case.

At December, 1968, the number of Nursing Homes registered was 21 and the number exempted was two.

SECTION VIII

INFECTIOUS DISEASE

Most of the increased incidence in infectious disease noted in 1968 was in the notifiable diseases among which measles and infective jaundice have been included since 1st October, 1968. Measles, following its usual pattern of periodicity, more than doubled in incidence and infective jaundice which now includes infective hepatitis and serum hepatitis, showed a threefold increase.

A widespread epidemic of food poisoning involving Central Scotland and the County of Argyll was responsible for the sharp increase in food poisoning in Glasgow in 1968. An account of this outbreak which was associated with the occurrence of *Salmonella typhimurium* phage type 32 in pigs, was published in the *Medical Officer*, Vol. CXXI, No. 17, of 25.4.69.*

There were twice as many cases of gastro-enteritis as in 1967 and dysentery too was more prevalent. Typhoid fever, however, remained at the same low level as in 1966 and 1967.

The incidence of cerebrospinal fever also increased, but the total is still the third lowest ever recorded in the City.

There was one case of poliomyelitis in 1968, the first in the City for six years. This was a 16-month-old infant with acute anterior poliomyelitis.

The incidence of some of the common infectious diseases of children such as whooping cough and chickenpox was somewhat reduced, the former quite markedly so. Scarlet fever cases were fewer and for still another year not one case of diphtheria was recorded in the City.

Tuberculosis, both pulmonary and non-pulmonary, reached its lowest level of incidence in 1968.

There were no cases of anthrax or Weil's disease in 1968 but four cases of brucellosis are reported on.

One infection which does not appear in the statistical tables but maintains a high level of incidence in the City is scabies. The number of cases reported in 1968 is the highest on record since the war years.

* *Salmonella Typhimurium* phage type 32 infection in Glasgow and the West Central Area of Scotland. A. R. Miller, T. F. Elias-Jones, N. Nicolson and T. S. Wilson.

HOSPITAL ADMISSIONS (excluding Tuberculosis)

Admissions to hospital during the year totalled 5,300 compared with 4,748 in 1967. This includes 1,551 removed to hospital and ultimately diagnosed as other non-infectious disease. Pneumonia and dysentery continue to make the heaviest demands on hospital accommodation. In 1968, cases of pneumonia treated in hospital formed 44·5 per cent. of all infectious disease cases (excluding tuberculosis) admitted as against 44·0 per cent. in 1967. A greater number of pneumonia cases were admitted to hospital in 1968 but the proportion of the total, 85 per cent., was lower than in 1967 (87 per cent.). Forty-three per cent. of all dysentery cases were admitted to hospital compared with 52 per cent. in 1967. This is equivalent to 20·4 per cent. of all cases of infectious disease admitted during the year. In 1967 this proportion was 25·4.

Details of notifiable and non-notifiable diseases are given in Appendix Table XIII. Table XIV illustrates the seasonal prevalence of these in 1968 and the admissions, dismissals and deaths in the infectious disease hospitals are shown in Appendix B.

IMMUNISATION CENTRE

This centre at 20 Cochrane Street provides intending travellers from the West of Scotland with immunisation against yellow fever and certain other infectious diseases likely to be met with in a foreign country.

During 1968, 2,626 travellers were inoculated against yellow fever. In 1967 the figure was 2,924. In addition, 973 inoculations were given against smallpox, cholera, typhus and the enteric group.

As in previous years, as a matter of convenience where crews of ships were concerned, the immunisations were carried out on board ship. This accounted for 17 of the yellow fever inoculations.

SMALLPOX AND VACCINATION

There has been no case of smallpox in Glasgow since 1950. Compulsory vaccination or declaration of conscientious objection ceased with the inception of the National Health Service (Scotland) Act on 5th July, 1948. Notification of vaccination is now made by

1948—1968

	YEAR.																				
	1948	1949	1950	1951	*1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
A—Notifiable—																					
Typhus Fever ...	—	9	16	48	20	17	27	45	18	21	8	9	21	28	10	16	51	41	7	—	7
Enteric Fever and Paratyphoid B	7	7	3	6	4	7	4	2	19	21	21	28	19	26	27	20	20	23	18	20	21
Continued and Undefined Fever	229	176	140	212	191	187	164	109	74	95	76	90	116	162	152	210	133	138	113	43	—
Puerperal Fever ...	112	105	103	96	97	116	135	98	79	143	175	201	139	128	121	72	42	65	113	70	56
Puerperal Pyrexia ...	—	—	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox ...	3,584	2,138	1,742	2,102	2,497	1,766	1,251	1,116	924	908	908	872	613	396	266	266	347	240	179	259	224
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Membranous Group ...	262	141	79	123	79	46	11	2	1	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	440	281	259	207	218	203	196	183	199	108	95	91	72	62	51	50	37	29	27	32	32
Cholera ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever ...	89	93	105	116	93	114	83	89	62	53	68	73	49	65	56	49	43	38	29	23	32
Ophthalmia Neonatorum ...	241	121	160	171	131	92	70	47	43	35	65	76	32	24	23	36	25	16	21	19	22
Trachoma ...	4	—	5	2	3	5	2	1	—	1	5	2	4	—	3	5	2	2	3	2	—
Acute Encephalitis Lethargica	5	4	1	2	4	1	—	2	3	—	—	—	—	1	—	—	—	—	—	—	—
Acute Poliomyelitis	1	2	5	1	—	2	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	5	26	260	50	32	46	36	228	50	26	119	8	—	10	47	—	—	—	—	1	1
Acute Primary Pneumonia	4,331	4,126	3,244	3,403	4,848	3,617	3,056	4,238	4,170	5,096	4,309	4,209	3,536	3,572	3,312	3,603	2,182	2,119	2,281	1,779	2,050
Acute Influenzal Pneumonia	32	70	38	115	114	139	30	67	49	419	43	71	30	67	15	32	10	5	23	3	31
Whooping Cough ...	1,562	3,620	4,938	6,673	1,297	6,095	3,065	1,266	3,435	2,726	1,041	2,176	3,538	782	260	2,619	737	459	894	1,093	390
Malaria ...	26	13	8	13	27	22	15	10	7	15	7	6	8	3	4	3	2	4	4	6	14
Dysentery ...	1,080	1,285	2,176	1,422	2,111	2,514	5,783	5,874	4,316	3,665	3,170	4,474	4,362	3,110	3,169	2,599	2,537	2,102	1,819	1,699	1,887
Infective Jaundice†	2	7	3	1	2	2	—	1	5	1	—	1	—	—	2	—	1	1	—	—	—
Anthrax ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	2,545	2,595	2,244	2,025	2,084	2,187	2,039	2,027	1,887	3,672	1,258	1,091	1,032	970	887	839	799	720	647	594	555
Other Forms of Tuberculosis	342	358	339	326	277	272	223	258	180	161	157	113	103	130	112	113	133	104	104	91	58
Leprosy ...	—	—	—	—	—	—	—	2	2	2	2	2	2	2	—	—	—	—	—	—	—
Food Poisoning ...	—	—	—	—	—	—	—	294	334	231	299	372	527	387	334	266	464	212	163	330	924
Measles† ...	7,457	3,698	6,272	3,934	6,326	4,505	5,325	3,546	4,292	5,317	724	10,739	556	5,878	1,978	2,231	2,275	1,331	2,041	668	1,456
B—Not Notifiable—																					
German Measles ...	201	249	3,027	588	242	1,602	298	357	643	356	329	155	312	884	64	85	241	35	26	28	32
Chickenpox ...	6,305	3,394	6,426	7,390	5,476	6,785	6,881	4,185	5,503	4,057	5,072	3,088	8,493	3,020	3,406	2,088	3,188	2,429	1,014	1,416	1,110
Gastro enteritis ...	—	—	—	—	—	—	—	—	—	228	289	436	456	351	392	437	461	402	400	277	440
Others—Mumps, Pemphigus Neonatorum, etc. ...	55	44	41	83	57	135	91	85	43	133	169	185	378	219	72	158	243	154	181	222	18
Totals	28,931	22,562	31,656	29,111	26,230	30,479	28,878	24,135	26,340	27,489	18,411	30,547	24,397	20,275	14,763	15,798	13,973	10,671	10,108	8,682	9,728

Whooping Cough became notifiable as from 1st January, 1950
 Leprosy " " " " 1st July, 1951
 Food Poisoning " " " " 1st July, 1956
 Anthrax " " " " 1st October, 1960

† Infective Jaundice and Measles became notifiable as from 1st October, 1968.

* The rates for the years 1952 to 1960 inclusive have been revised following readjustment of the intercensal populations (1951-1961).

medical practitioners, and in 1968, 3,501 notifications of primary vaccination were received and 4,824 of revaccinations. In addition 3,348 primary vaccinations were carried out at the Child Welfare clinics and three at day nurseries or children's homes. In all 6,852 primary vaccinations were done during the year as compared with 6,973 in 1967 and 6,544 in 1966.

The following table shows the age distribution of those vaccinated for the first time in each of the years from 1959 to date :—

Year of Vaccination	- 1	Age Group - 5	- 10	10 & Over	Not Stated	All Ages	Revacci- nations
1968	79	5,498	270	999	6	6,852	4,824
1967	110	5,624	278	959	2	6,973	3,245†
1966	130	5,331	277	806	—	6,544	1,586
1965	161	5,064	158	403	—	5,286	937
1964	236	3,732	171	381	—	4,520	956
1963*	382	1,394	161	541	3	2,481	2,710
1962	5,283	7,362	2,185	3,982	15	18,827	17,932
1961	5,644	3,520	60	495	4	9,823	3,249
1960	5,908	3,287	163	497	7	9,862	3,417
1959	6,454	3,648	155	458	6	10,721	3,202

* The sharp decrease in primary vaccinations in 1963 was a result of the introduction of a new immunisation timetable to which reference is made on page 177 of the Report for that year.

† This increase followed administrative changes in the arrangements for payment to medical practitioners of vaccination and immunisation fees which were introduced on 1st April.

The figures for 1962 and 1963 are not comparable with those of the preceding years. An outbreak of smallpox in England and Wales in the early part of 1962 resulted in a large number of persons requesting vaccination for the first time. Some 18,000 were revaccinated with a resultant falling off in 1963.

The 1962 outbreak is a timely reminder of the ease with which this disease may still be introduced into this country and the rapidity of its spread when it does. The necessity for constant vigilance remains especially in a City such as this which is not only a port of call for ships from all parts of the world but is adjacent to two air terminals.

In spite of the large number of persons coming forward for vaccination early in 1962, the vaccinal state of the population in its more vulnerable age groups is still too low.

During 1966 a smallpox outbreak abroad led to stricter enforcement of the regulations for persons travelling to the Continent.

Between 1960 and 1968 the proportion of children under one year of age vaccinated at the Child Welfare clinics was as follows :—

				No.	Percentage of Births.
1960	...	...	...	5,516	23.9
1961	...	...	...	5,439	23.8
1962	...	...	...	3,571	15.2
1963	...	...	...	42	0.2
1964	...	...	...	36	0.2
1965	...	...	...	53	0.5
1966	...	...	...	47	0.2
1967	...	...	...	45	0.2
1968	...	...	...	27	0.14

The sudden decrease in 1963 was the result of changes in the immunisation procedure which took effect in 1963.

LEPROSY

Under the Public Health (Infectious Diseases) (Scotland) Amendment Regulations of 1951, this disease became compulsorily notifiable from 1st September, 1951.

Leprosy is a disease of rare occurrence in this country and such cases as have been found in Glasgow were foreign seamen or students from tropical countries where this disease is prevalent. In the twenty years prior to notification only five cases came to the notice of this Department.

There was no case of this disease in 1968.

Since 1951 the incidence of the disease has been as follows :—

1951-1953	...	...	...	...	Nil
1954-1956	...	...	...	...	5
1957	...	...	...	...	1
1958	...	...	...	...	2
1959	...	...	...	...	2
1960-1962	...	...	...	...	Nil
1963	...	...	...	...	1
1964-1968	...	...	...	...	Nil

MALARIA

This disease, like smallpox and leprosy, usually occurs in seamen or servicemen, returning to the City from abroad, or in foreign visitors.

During 1968, there were four cases, all but one being males. Only one was under 25 years, the other three between 25 and 35 years. There were no deaths. Incidence in recent years was as follows :—

1956-60 ...	...	...	45
1961-65 ...	...	...	16
1966 ...	...	...	4
1967 ...	...	...	6
1968 ...	...	...	4

TYPHOID, PARATYPHOID AND DYSENTERY

TYPHOID

Five cases were registered this year.

A girl, aged 3 years, living in the Eastern Division of the City, was admitted to an infectious diseases hospital on 15.8.68 with a provisional diagnosis of pneumonia ; she was found to be suffering from typhoid ; the Widal reaction and culture of her faeces were both positive. The source of infection must have been a chronic carrier of the same phage type who lives near-by.

On 28.6.68 a young man aged 20 years, living in the Eastern Division of the City, who is a technician at the Salmonella Reference Laboratory of a hospital in the City, felt off colour and went to bed. He was constipated and his temperature was elevated, particularly in the evenings. On 3.7.68 he was admitted to an infectious diseases hospital with a diagnosis of pyrexia of unknown origin and on 6.7.68 typhoid bacilli were isolated. Ten days before the onset of his illness, the laboratory where he is employed received from Edinburgh a culture of typhoid bacilli of the same phage type as his infection.

A Pakistani boy, aged 8 years, living in the Central Division of the City, was admitted to an infectious diseases hospital on 20.6.68 as a case of clinical dysentery ; a blood culture proved positive for Salmonella typhi. This boy, with his family, had recently been on a three months visit to Pakistan ; they returned to the country on 7.6.68, travelling by plane via Karachi. The boy become unwell on 16.6.68. It is probable that his infection was contracted before he left Pakistan.

A Pakistani boy, aged 3 years, living in the South-Eastern Division of the City, was admitted to an infectious diseases hospital on 3.7.68 as a case of pyrexia of unknown origin ; later Salmonella typhi was isolated from the stool. Earlier in the year the child was on holiday with his mother at the home of his maternal grandparents in Pakistan ;

here he fell ill with typhoid. No other members of the household were ill. After recovery, he arrived with his mother by 'plane in Glasgow on 26.4.68. Being fevered, he was admitted to an infectious diseases hospital and remained there until 9.5.68 when he was discharged; no *Salmonella typhi* were isolated. He remained well until 28.6.68 when he became fevered again and he was re-admitted to the infectious diseases hospital on 3.7.68.

A Pakistani young man, aged 20 years, living in the Eastern Division of the City, was admitted to an infectious diseases hospital on 2.12.68 and was found to be suffering from typhoid fever. He had been in Pakistan for three months on holiday and returned to this country seven days before his admission to hospital. He had been ill for about a week before his return to the country so there is no doubt that he was infected overseas.

There were no deaths from Typhoid in 1968.

PARATYPHOID

The number of infections registered this year was two.

A nursing Sister, aged 36 years, employed in industry and living in the Central Division of the City, was admitted to an infectious diseases hospital on 5.4.68. She was later confirmed as a case of Paratyphoid B. Her mother-in-law had been a patient in an infectious diseases hospital in August, 1965, with Paratyphoid B. Four specimens of faeces obtained from her in April, 1968, proved positive for *Salmonella paratyphi* B. She is a carrier and was obviously the source of infection of the young woman who visited her fairly regularly. This young daughter-in-law died on 3.6.68 in the infectious diseases hospital. The death certificate gave the cause of death as :—

- (1) (a) Faecal peritonitis ; due to—
 - (b) Perforation of the colon ; due to
 - (c) Paratyphoid infection.
- (2) Terminal pneumonia.

In the Eastern Division of the City, a little girl, aged six months, was admitted to an infectious diseases hospital on 7.7.68 with the provisional diagnosis of gastro-enteritis. *Salmonella paratyphi* B was isolated from her faeces. The other members of the family were all negative.

CHRONIC CARRIERS

There are still 12 City carriers. The list is as follows :—

TYPHOID—

J.W., Ward 5, Eastern Division—Is now aged 80 and is a chronic faecal carrier of *Salmonella typhi*, phage type C.1. He lives with his wife and son. There was no change in the household since last year's annual visit. There had been two changes in the addresses of other relatives. His other son, who lived in Coatbridge and whose three children had typhoid in 1967, has moved to Aberdeen. His grand-daughter has also moved to Aberdeen. J.W. was almost certainly the source of infection of the three-year-old girl who lives at the next close and who when admitted to hospital on 15.8.68 was found to be suffering from typhoid. The infecting organism was of the same unusual phage type. When the property drain at J.W.'s address is choked the sewage floods into the gutter and runs downhill past this child's close. At the end of September, 1968, J.W. consulted his own doctor, who gave him a seven-day course of tetracycline. He was asked, when being visited in December, 1968, to submit specimens for examination. Two specimens received at the City Laboratory on 26th December and on 8th January, 1969, were both negative. It is unlikely that a seven-day course of tetracycline would clear a chronic carrier but this is the first time that he has had two consecutive negative specimens.

E.G., Ward 20, Central Division—This lady died in October, 1968; the cause of death was stated to be cancer.

M.I., Ward 35, South-Eastern Division—An immigrant, born 1912, who carries phage type O in his faeces, he was last tested in 1961, when he proved positive. His house is now occupied only by himself, his wife and their three sons. The other immigrants, formerly his housemates, have now found homes of their own.

PARATYPHOID—

M.G., Ward 5, Eastern Division—This chronic faecal carrier of *Salmonella paratyphi B*, phage type 1, is now living in a two-apartment house with three of her children and the external water-closet is common to three houses.

J.L., Ward 17, Northern Division—This man, born 1887, was visited in 1967 but refused to submit specimens.

E.S., Ward 15, Northern Division—She is the faecal carrier, born 1889, of phage type 1, whose first positive specimen had been a colostomy sample. She still resides in the same excellent house with only one contact, her daughter, born 1915. The latter, who was inoculated with T.A.B. earlier in 1962, also submitted a pair of specimens which were both negative. The mother's faeces specimen is still positive for *Salmonella paratyphi B*; urine is negative.

S.M., Ward 13, Central Division—This lady is still residing at the same address and previous attempts at eradication treatment with Ampicillin were abandoned due to side effects.

J.E., Ward 5, Eastern Division—A faecal and urinary carrier since 1933, born 1890, she was last tested in 1961, when she was positive.

L.M., Ward 23, Central Division—A faecal carrier, born 1892, he was last tested in 1939; still working in his shoemaker's business.

D.M., Ward 24, Central Division—Two recent specimens have been positive for *Salmonella paratyphi B*. Her grandson, who is a chef, has recently left the household.

A.L., Ward 27, South-Western Division—This woman, born 1902, a faecal carrier of phage type 3a, was found to have a positive faeces and negative urine in December, 1967.

J.J., Ward 35, South-Eastern Division—This woman, born 1904, a faecal carrier of phage types 1 and 2, was last tested and found positive in 1961.

B.S., Ward 24, Central Division—She is a faecal carrier who had paratyphoid in 1965. Four specimens of faeces obtained from her in April, 1968, have proved positive for *Salmonella* paratyphi B.

DYSENTERY

There were 1,783 registrations as compared with 1,632 in the previous year. Every ward in the City was again affected and as usual there were wide differences between the numbers registered in the various wards; for example, less than ten cases from Kelvinside while 131 cases were registered from Provan. There were 89 in Knightswood, 86 in Dalrnarnock and 82 in Mile End. Every other ward was affected with between ten and 76 cases each.

Seasonal incidence was as follows :—

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Home	363	349	319	555	1,586
Institutional	17	104	51	25	197

The fourth quarter was the worst.

More than half the non-institutional cases stayed at home, the number removed to hospital being 626.

The annual institutional figure for dysentery was 197. Twenty-five institutions were concerned—16 medical institutions, 7 children's institutions and 2 miscellaneous residential institutions. In 10 instances only a single case was notified. The largest contribution came from a children's institution where there were 92 cases distributed over the year.

The following table shows the age distribution of the notifications :

	— 1 Year	— 5 Years	— 15 Years	— 55 Years	55+ Years	Total
Home	145	721	347	60	313	1,586
Institutional	9	49	113	22	4	197

There were no deaths from Dysentery.

DIARRHOEA AND ENTERITIS

(GASTRO ENTERITIS)

These infections are not yet notifiable and, as information regarding their prevalence was not readily available, comment has up to 1952

been limited to the mortality from this infection in children under two years of age. From 1953 onwards, all cases of diarrhoea and enteritis coming to the attention of the Department have been recorded.

The following table shows the age distribution of all cases so recorded since 1964, but is not a complete picture of the incidence of diarrhoeal infection in the City :—

		Age Distribution				
Age in Years	...	1968	1967	1966	1965	1964
- 1	...	301	203	336	309	401
- 2	...	38	23	25	38	40
- 5	...	20	6	6	25	11
5 and over	...	57	34	25	30	18
		<u>416</u>	<u>266</u>	<u>392</u>	<u>402</u>	<u>470</u>

The seasonal distribution of cases in the past five years is as shown :—

		1968	1967	1966	1965	1964
1st Quarter	...	59	39	53	114	91
2nd Quarter	...	119	55	97	91	132
3rd Quarter	...	105	67	129	99	141
4th Quarter	...	133	105	113	98	106
		<u>416</u>	<u>266</u>	<u>392</u>	<u>402</u>	<u>470</u>

There has been a steady decrease in infant mortality since 1963. In 1966 the rate for the first time was less than 1 per 1,000 (0·91). In 1967 it rose to 1·34 and again in 1968 to 1·54. Owing to changes in the classification of this group of diseases, however, the figures for these two years are not strictly comparable.

The decrease in the number of deaths and in the mortality rate between 1947 and 1967 is shown in the following table which is based on figures compiled in this Department.

	Males		Females		Total	— 1 year per 1,000 Births
	— 1 year	— 2 years	— 1 year	— 2 years		
1948	156	5	86	3	250	11
1949	100	13	57	6	176	7
1950	50	2	39	3	94	4
1957	7	—	16	—	23	1·0
1958	14	—	8	—	22	1·0
1959	26	1	16	—	43	1·85
1960	12	3	14	—	29	1·26
1963	12	2	20	—	34	1·41
1964	9	—	20	—	29	1·29
1965	8	1	12	1	22	1·05
1966	7	—	10	1	18	0·91
1967	13	1	10	2	26	1·34
1968	16	—	13	—	29	1·54

Following the recent revision of the International Classification of Causes of Death, Enteritis, formerly included under the heading of "Gastritis, duodenitis, enteritis and colitis" has been reclassified as "Enteritis and other diarrhoeal diseases". Also allotted to this new group are deaths from Diarrhoea of the Newborn, formerly included in "Infections of the Newborn".

In 1968 the Registrar General attributed 37 deaths to Enteritis, distributed by sex and age as follows :—

		Males	Females	Both Sexes
Under 4 weeks	...	3	2	5
Under one year	...	13	11	24
Under five years	...	2	—	2
Under ten years	...	1	—	1
Under 65 years	...	1	1	2
65 and over	...	—	3	3
		<u>20</u>	<u>17</u>	<u>37</u>

FOOD POISONING

The number of incidents of food poisoning notified to the Department during 1968 was 207 and the number of cases was 873. During the last three years the incidents and cases have been as follows :—

	Incidents			Cases		
	1966	1967	1968	1966	1967	1968
Community Outbreaks	4	9	5	67	204	598
Family Outbreaks ...	21	20	39	82	52	112
Sporadic ...	62	61	163	62	61	163
Total ...	<u>87</u>	<u>90</u>	<u>207</u>	<u>211</u>	<u>317</u>	<u>873</u>

Between August and October, 1968, a total of 472 cases of infection due to *Salmonella typhimurium* phage type 32 occurred. This outbreak was part of a widespread epidemic involving Central Scotland and extending to the County of Argyll in the West. The outbreak was associated with the occurrence of the organism *Salmonella typhimurium* phage type 32 in pigs. Twelve deaths occurred, five being Glasgow cases.

In January, 1968, there was an outbreak affecting 83 persons in a Corporation primary school, the main symptoms being pain, nausea and vomiting; the majority became ill within 2-4 hours of consumption of a mid-day meal; corned beef had been the main item of the meal. The cause of the outbreak was staphylococcal in origin.

Another outbreak involved 22 prisoners in a prison who became ill with abdominal pain, headache and diarrhoea between 11 p.m. on 15.9.68 and 2 a.m. on 16.9.68. It seems very probable that the source of infection was the mid-day meal which was served at 12 noon on 15.9.68 and consisted of soup, bread roll, and roast beef which had been cooked previously and was served with hot gravy, potatoes, cabbage, broad beans, creamed rice and pineapple. It seems probable from the circumstances that the infection was due to *Clostridium welchii*.

A female, aged 91 years, died in an infectious diseases hospital, the cause of death being given as "Congestive cardiac failure due to dysentery." In fact, the infecting organism was *Salmonella* reading.

TYPE OF ORGANISM

		Family Outbreaks		Community Outbreaks		Sporadic	Total
		Incidents	Cases	Incidents	Cases	Cases	Cases
Salmonellae	...	22	63	3	493	74	630
Staphylococci	...	—	—	1	83	8	91
<i>Clostridium welchii</i>	...	—	—	1	22	—	22
Unknown	...	17	49	—	—	81	130
Total	...	<u>39</u>	<u>112</u>	<u>5</u>	<u>598</u>	<u>163</u>	<u>873</u>

SALMONELLA ORGANISMS

Salmonella—						
abony	...	...	...	...	2	
bredeney	...	...	...	...	26	
copenhagen	...	...	...	...	10	
cubana	...	...	...	...	1	
derby	...	...	...	...	1	
entertidis	...	...	...	...	1	
infantis	...	...	...	...	2	
livingstone	...	...	...	...	1	
newport	...	...	...	...	9	
panama	...	...	...	...	11	
reading	...	...	...	...	25	
virchow	...	...	...	...	1	
not yet identified	...	...	...	...	15	
typhimurium phage type 32	...	...	...	...	481	
typhimurium (other phage type)	...	...	...	...	44	
Total	...	...	...	...	<u>630</u>	

The number of cases whose aetiology remained unknown rose this year to 130.

SCARLET FEVER

Two hundred and twelve cases of scarlet fever were registered in Glasgow during 1968, but only 25 patients (11·8 per cent.) were treated in hospital.

The incidence of this disease during the last five years is set out below :—

		Total Cases	Treated in Fever Hospitals	Treated in Other Institutions	Treated at Home
1964	...	353	95	2	256
1965	...	240	52	3	185
1966	...	175	35	1	139
1967	...	249	38	2	209
1968	...	212	25	—	187

Of the 212 patients, 67 (31·6 per cent.) were under the age of 5, though only two were under the age of 1; 135 (63·7 per cent.) were aged between 5 and 15 years; and ten (4·7 per cent.) were over 15, none being over 35.

The seasonal incidence is shown in Appendix Table XIV.

No cases occurred in the Anderston Ward (for the third year in succession), in the Exchange Ward (for the second year in succession) or in the Partick East Ward, the Partick West Ward or the Fairfield Ward. The Dennistoun, Cowlares, Whiteinch, Yoker and Camphill Wards had one case each. The wards with the largest number of cases were Knightswood with 41 cases and Cathcart with 20 cases.

There have been no deaths from scarlet fever since 1956.

ERYSIPELAS

There were 30 cases of Erysipelas in 1968, one less than in 1967. Of this total, 16 were males and 14 females.

The age distribution of the cases was as follows :—

- 15 years	...	2	- 45 years	...	5
- 25 years	...	—	- 65 years	...	13
- 35 years	...	2	65 + years	...	8

There were no deaths in 1968.

The decline in mortality in recent years is as follows :—

Deaths				Deaths			
1930-39 (average)	...	46	1961-64	...	...	1	
1940-45 do.	...	8	1965	...	...	—
1946-50 do.	...	6	1966	...	...	1	
1951-56 do.	...	1	1967	...	...	—
1957 ...	...	1	1968	...	...	—
1958-60	...	—					

PUERPERAL FEVER AND PYREXIA

As in previous years these conditions have been discussed in the section "Maternity and Child Welfare" (page 99). As a result of alterations in the International Classification of Causes of Deaths, deaths from these two infections no longer appear under separate headings in the "Short List" but are now included in the group "Complications of Pregnancy, Childbirth and Puerperium".

DIPHTHERIA

Apart from one fatal imported case in 1964, there have been no cases of diphtheria in Glasgow since 1956, and no deaths from this disease since 1954.

Immunisation.—The following table shows the number of children who completed a primary course of diphtheria immunisation in 1968.

The 1967 figures are shown for comparison.

Vaccine used	Under 5 years		Over 5 years	
	1968	1967	1968	1967
Diphtheria only ...	24	1	3	—
Diphtheria and Pertussis	1	2	—	2
Diphtheria and Tetanus	151	95	5,944	5,403
Pertussis, Diphtheria and Tetanus ...	12,601	12,633	196	192
*Quadruple ...	2	—	—	—
	12,779	12,731	6,143	5,597

All ages ... 1968 = 18,922. 1967 = 18,328

The numbers who received maintenance inoculations in these two years were as follows :—

	Under 5 years		Over 5 years	
	1968	1967	1968	1967
Diphtheria only ...	72	4	156	1
Diphtheria and Pertussis	—	—	1	1
Diphtheria and Tetanus	180	130	21,717	17,960
Pertussis, Diphtheria and Tetanus ...	4,652	4,285	897	678
*Quadruple ...	—	—	—	—
	4,904	4,419	22,771	18,640

All ages ... 1968 = 27,675. 1967 = 23,059.

* Diphtheria, Pertussis, Tetanus, Polio.

See also page 162 of the School Health Service section of this Report.

CEREBROSPINAL FEVER (MENINGOCOCCAL INFECTION)

Thirty cases were known to the Department, an increase of six from last year, but still the third lowest figure ever recorded in the City.

The age incidence was :—

Under 1 year	1-5 years	5-15 years	Over 15 years
11	14	4	1

The cases occurred throughout the City with no significantly high incidence at any time but only five out of the 30 cases lived south of the river.

The clinical presentation of the disease was :—

Meningococcal meningitis	...	...	22 cases
Meningococcal septicaemia	...	...	8 cases

Deaths from Meningococcal Infection.—Four deaths were recorded. This is equal to the figures for 1959 and 1962 which were the lowest ever recorded in the City. Meningococcal septicaemia associated with acute adrenal failure is the most serious form of the disease and four of the eight cases died. These four deaths were all children under five years and two of them died suddenly at home before they could be admitted to hospital. There were no deaths from meningococcal meningitis without septicaemia.

The incidence and deaths from Meningococcal infection since 1951 is as follows :—

Year				Cases	Deaths
Average	1951-55	...	...	107	13
Average	1956-60	...	...	65	8
Average	1961-65	...	...	52	6
1966	...	...	...	28	7
1967	...	...	...	24	8
1968	...	...	...	30	4

POLIOMYELITIS

There was one case of acute anterior poliomyelitis, the first in the City for six years. This case was an infant female aged 16 months. Her symptoms were those of an upper respiratory infection with a flaccid paralysis of both legs. The case was confirmed by polio virus type 3 being found in the stool and a raised titre in the venous blood. Eventually there remained a little weakness of the left ankle.

POLIOMYELITIS VACCINATION

During the year, 14,803 persons were given primary vaccination, all but four being given oral vaccine, while 19,946 persons were given a reinforcing dose of oral vaccine.

PRIMARY POLIOMYELITIS VACCINATIONS IN 1968

Year of Birth					Age at 31.12.68	Number Vaccinated in 1968
1968	...	...	Under 1 year		...	3,710
1967	...	...	1 year	...	...	7,537
1966	...	...	2 years	...	...	1,313
1965	...	...	3 years	...	...	228
1964	...	...	4 years	...	...	155
1963 and earlier	...	...	5 years and over			1,860
						<hr/> 14,803

In the following table, the cumulative totals of the numbers vaccinated at individual ages under five years are given and the numbers expressed as a percentage of the births minus the deaths under one year for the relevant years.

CUMULATIVE TOTALS OF CHILDREN VACCINATED AND THE TOTALS EXPRESSED AS A PERCENTAGE OF THE BIRTHS MINUS DEATHS UNDER ONE YEAR FOR THE RELEVANT YEARS

Year of Birth	Age at 21.12.68	Births minus Deaths under 1 year	Cumulative Number Vaccinated	Percentage Vaccinated at 31.12.68
1968	0	18,322	3,710	20.2
1967	1	18,858	11,394	60.4
1966	2	19,168	12,708	66.3
1965	3	20,260	16,256	80.2
1964	4	21,763	17,024	78.2

Of primary courses of vaccination 63.2 per cent. were given by the Child Welfare Service and 26.7 per cent. by General Practitioners, and of reinforcing or maintenance doses 89.2 per cent. were given by the School Health Service and 10.3 per cent. by General Practitioners.

	Primary Vaccination		Reinforcing Doses	
	Number	Per cent.	Number	Per cent.
Child Welfare Service	9,360	63.2	100	0.5
General Practitioners	3,944	26.7	2,045	10.3
School Health Service	1,499	10.1	17,801	89.2
	<u>14,803</u>	<u>100.0</u>	<u>19,946</u>	<u>100.0</u>

VIRUS MENINGITIS

(LYMPHOCYTIC OR ASEPTIC MENINGITIS)

Virus Meningitis is usually a mild disease recognised as a clinical meningitis. The condition is caused by a multiplicity of viruses, many of which are responsible for transitory infection of the alimentary tract. A few of these viruses can attack the central nervous system and give rise to a degree of paralysis and indeed simulate the picture of poliomyelitis.

During the year 1968 there were 38 cases of virus meningitis occurring in the City. Cases domiciled outside the City, although treated in Glasgow hospitals, are not included in this analysis.

This was a decrease over last year when 51 cases occurred.

The identification of the viruses implicated in causing virus meningitis is set out according to age and sex of the case in the following table :—

Age Group			—1		—2		—5		—10		—25		—35		—45		Total		Total
Sex			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Mumps	...	...	—	—	1	—	—	1	1	—	1	—	1	—	—	—	4	1	5
Coxsackie	A5	...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
	B5	...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Echo 3	...	...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
	9	...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
	19	...	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	2	2
Adeno-Virus	...	...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
(type 2)																			
Virology Negative	...	...	1	1	2	1	1	1	2	2	5	7	—	1	1	1	12	14	26
			2	1	3	1	1	3	5	3	7	7	1	2	1	1	20	18	38

Of the total of 38 cases there were 20 male and 18 female ; children and young persons were principally affected. There were two cases of 45 years and seven cases under the age of 2 years.

Twenty-six cases did not have positive virology, but the cerebrospinal fluid findings together with the symptoms confirmed the diagnosis. There were five cases where the mumps virus was implicated and various types of Coxsackie and Echo virus accounted for 6 other cases.

The number of cases with the causative virus occurring annually is set out as follows :—

Virus				1964	1965	1966	1967	1968
Mumps	...	...	...	34	9	6	9	5
Measles	...	...	...	—	—	—	1	—
Coxsackie type	A2	...	...	2	—	—	—	—
	A5	...	...	—	—	—	—	1
	A7	...	...	3	—	—	1	—
	A8	...	...	1	—	—	—	—
	A9	...	...	9	3	—	—	—
	B2	...	...	7	—	—	—	—
	B3	...	...	2	2	—	2	—
	B4	...	...	6	1	—	—	—
	B5	...	...	1	13	—	—	1
	B6	...	...	1	1	—	3	—
Echo type	1	...	...	—	1	1	—	—
	3	...	...	—	—	—	2	1
	4	...	...	4	—	—	—	—
	5	...	...	1	—	—	—	—
	6	...	...	—	2	3	—	—
	7	...	...	4	—	—	—	—
	8	...	...	1	—	—	—	—
	9	...	...	50	1	—	—	1
	11	...	...	4	—	—	—	—
	14	...	...	2	—	—	1	—
	19	...	...	—	—	—	—	2
	25	...	...	3	—	—	—	—
	27	...	...	—	1	—	—	—
	30	...	...	—	—	1	—	—
Adeno-virus	...	...	...	6	2	2	—	1
Herpes simplex	...	...	...	8	—	1	1	—
Respiratory Syncytial	...	...	...	1	—	—	—	—
Unclassified	...	...	...	—	1	—	—	—
Unidentified	...	...	...	—	—	1	—	—
Virology Negative	...	...	...	—	32	14	31	26
				150	69	29	51	38

Cases of virus meningitis occurred throughout the year but with a peak incidence during the summer months of July, August and September, as will be seen in the following table :—

SEASONAL DISTRIBUTION

	Mumps	Coxsackie		Echo			Adeno-Virus	Virology Negative	Total
		A5	B5	Type 3	Type 9	Type 19	Type 2		
January	...	—	—	—	—	—	—	—	—
February	...	—	—	—	—	—	—	1	1
March	...	—	—	—	—	—	—	—	—
April	...	1	—	—	—	—	—	—	1
May	...	—	—	—	—	—	—	4	4
June	...	—	—	—	—	—	—	1	1
July	...	3	—	—	—	—	—	3	6
August	...	—	1	1	1	2	1	6	12
September	...	1	—	1	—	—	—	9	11
October	...	—	—	—	—	—	—	1	1
November	...	—	—	—	—	—	—	—	—
December	...	—	—	—	—	—	—	1	1

Cases of virus meningitis were scattered throughout the City, but without any significant distribution.

ENCEPHALITIS

Viral Encephalitis.—There have been only sporadic cases of this infection since the small outbreak which occurred in 1937.

There were no cases in 1968, but two deaths, a woman of 42 and a 66 year old man.

Post-Encephalitis Lethargica.—A group of cases, 19 in number, the remaining survivors of a Glasgow epidemic which affected 70 persons in all, had been under continuous supervision of Dr. Ashie Main since 1923. There were no deaths during the year. The following tables show the physical capacity of the remaining 18 cases in the Spring of 1969 :—

PHYSICAL CONDITION

			Males	Females	Total
Fit for housework	...	...	—	4	4
Fit for employment	...	...	4	—	4
Unfit but going about	...	...	3	3	6
Bedridden at home	...	...	—	—	—
Cases in General Hospital	...	...	2	—	2
Cases in Mental Hospital	...	...	—	—	—
Cases untraced	...	...	1	1	2
			<hr/> 10	<hr/> 8	<hr/> 18

These cases are classified as follows :—

				Spring 1968	Spring 1969
Group I.	Recovery complete	...	...	3*	3*
Group II.	Recovery incomplete :—				
	Class A. Mental Retardation...			1	1
	Class B. Mental Instability	...		1	1
	Class C. Nervous Instability	...		8	10
Group III.	Perversion of Conduct	...		—	—
Group IV.	Parkinsonians :—				
	Class A. Normal Mentality	...		3*	3*
	Class B. Abnormal Mentality			2	5
Group V.	Died	...	...	1	—
				<hr/> 19	<hr/> 18

* One not traced.

There was no change in the classification of these 18 cases during the year but five of them showed further physical and/or mental deterioration. Details of these cases are as follows :—

A 62 years old woman in Group IV, Class A (Parkinsonian 1968) became unable to cope with housework and has now gone to live with a married daughter.

A 68 years old woman, also in Group IV, Class A (Parkinsonian 1924) is unfit for housework and although able to go out occasionally is unable to walk erect.

The mental condition of a 51 year old man, Group II, Class B, has worsened. He is very excitable, incoherent of speech and eyesight and memory are both poor.

A 55 year old man and one of 57 years, both in Group IV Parkinsonians, Class B, Abnormal Mentality, have deteriorated both physically and mentally since last year.

Some improvement was observed in a man of 55 and a woman of 69, both in Group II, Class C (Nervous Instability).

MEASLES

Under the Public Health (Infectious Diseases) (Scotland) Amendment Regulations, 1968, measles and infective jaundice became notifiable from 1st October, 1968. Previous to that date, measles cases were registered mainly on information from Head Teachers and School Attendance Officers. There were 1,376 cases in 1968, an increase of 734 from the previous year; 252 cases were admitted to hospital. There was one death.

The recorded incidence of measles during the last five years was :—

Year	Registered Cases	Deaths	Fatality per cent.
1964	2,317	3	0.13
1965	1,332	—	—
1966	2,000	3	0.15
1967	642	3	0.47
1968	1,376	1	0.07

The quarterly percentage incidence of measles during 1968 and the previous two years was :—

PERCENTAGE OF YEAR'S TOTAL			1966	1967	1968
1st Quarter			4	72	7
2nd Quarter			10	21	26
3rd Quarter			12	1	9
4th Quarter			74	6	58

The age and sex distribution in 1968 was :—

Age		Male	Female
- 1	...	32	38
- 5	...	287	272
- 15	...	389	352
15 +	...	1	5

Live measles vaccine became available at the beginning of May for certain priority groups and from August was extended for all susceptible children up to the age of 15. In all 6,150 children were vaccinated, 74 under one year of age, 4,877 under, and 1,199 over, five years.

RUBELLA (GERMAN MEASLES)

Rubella is not notifiable and cases are registered mainly on information from school sources. The incidence is set out below.

1965	...	35
1966	...	25
1967	...	27
1968	...	30

The age and sex distribution was :—

Age		Male	Female
- 1	...	3	2
- 5	...	1	3
- 15	...	14	3
15 +	...	—	4

There were no deaths.

WHOOPING COUGH

There was a marked decrease in the incidence of whooping cough in 1968, 369 cases being notified compared with 1,050 cases in 1967. The 1968 total is the second lowest since whooping cough became notifiable in 1950. Of the 1968 cases, 15 per cent. were under one year of age and 42 per cent. between one and five years; 81 cases were admitted to hospital. There were no deaths. There have been no deaths in four out of the past five years.

The annual incidence of whooping cough since 1940 has been :—

		Cases	Deaths	Fatality per cent.
Average 1940-44	...	4,463	92	2.06
Average 1945-49	...	3,321	32	0.96
Average 1950-54	...	4,794	13	0.26
Average 1955-59	...	2,276	3	0.11
Average 1960-64	...	1,657	1	0.07
1965	...	459	—	—
1966	...	876	—	—
1967	...	1,050	3	0.28
1968	...	369	—	—

CHICKENPOX

The number of cases of chickenpox brought to the notice of the Department in 1968 was 1,049 a decrease of 311 from the previous year's total.

1950-54 (average)	7,154	1964	3,247
1955-59 (average)	5,109	1965	2,431
1960	8,989	1966	993
1961	3,180	1967	1,360
1962	3,558	1968	1,049
1963	2,149		

Cases are removed to hospital only in special circumstances, e.g., when occurring in institutions, children's homes, etc. During 1968, 92 cases were removed to hospital. The disease is probably much more prevalent than the bookings indicate, for it is mostly on information obtained from school attendance officers that cases are registered. The distribution throughout the five divisions of the City was as follows :—

			1968	1967
Central	...	...	25	110
Northern	...	...	133	331
Eastern	...	...	174	290
South-Eastern	...	...	277	444
South-Western	...	...	395	161
Institutions and Harbour	...		45	24
			<u>1,049</u>	<u>1,360</u>

This decrease was apparent in all but one Division, the South West, where there were 395 cases, more than double the 1967 total. Of this number 159 were notified in the Govan Ward. The only other ward with 100 or more cases was Pollokshaws with 107. Cathcart had 71 cases, Pollokshields 69, and Shettleston and Tollcross 65. Thirteen wards had fewer than ten cases each (Exchange had only one case). There were no cases in Kelvinside Ward.

The incidence was greatest in the last quarter of the year when there were 379 cases, of which 148 were recorded in November.

There were no deaths from chickenpox in 1968.

PEMPHIGUS NEONATORUM

For the seventh year in succession no cases of this disease were reported. In 1961 there were 12 cases and as recently as 1959, 44.

RABIES

No case of rabies is known to have occurred, but the number of instances of persons being injured by dogs or other animals each year is considerable.

From information supplied by the Police Department, the number of persons injured by animals in 1968, 1967 and 1966 was as follows :—

			1968	1967	1966
Injured by Dogs	...	...	902	752	766
Injured by Horses	...	...	4	3	5
Injured by other Animals	...	...	1	—	2

TRACHOMA

Trachoma was made notifiable in Glasgow in 1914 under the provisions of the Infectious Diseases (Notification) Act, 1889, and in the table below is shown the number of cases notified and the number verified since 1962.

Year			Number of New Cases Notified	Definite Cases
1962	...	...	3	3
1963	...	...	5	5
1964	...	...	2	2
1965	...	...	2	2
1966	...	...	3	3
1967	...	...	2	2
1968	...	...	—	—

During the year six cases were removed from the register on death or transfer to another area.

At the end of 1968 the total number of cases on the register was 44.

Year			Definite Cases	Total
1962	...	...	67	67
1963	...	...	67	67
1964	...	...	64	64
1965	...	...	60	60
1966	...	...	53	53
1967	...	...	50	50
1968	...	...	44	44

At the special clinic patients made a total of 316 attendances and the nurses carried out 170 home visits.

No home contacts developed the disease during the year. No patient required treatment in hospital.

ANTHRAX

No cases were notified during 1968.

The incidence since 1960, when Anthrax became notifiable, is shown as follows :—

1960-1964 ...	...	—
1965 ...	...	2
1966 ...	...	1
1967 ...	...	1
1968 ...	...	—

INFECTIVE JAUNDICE

Under the Public Health (Infectious Diseases) (Scotland) Amendment Regulations, 1968, infective jaundice became notifiable from 1st October, 1968.

A form of infective jaundice known as spirochaetosis ictero-haemorrhagica was already a notifiable disease in Scotland under the Public Health (Infectious Diseases) Regulations (Scotland) 1932.

The majority of cases of infective jaundice are likely to be due to infective hepatitis, which is of viral origin, common in closed communities and often affecting children who may infect susceptible adults in their households.

Infective jaundice includes serum hepatitis where the transmission is by the parenteral route either following blood transfusion or an injection with contaminated syringes or other medical equipment. This has been known to occur among drug addicts where there is sharing of syringes and needles.

Previous to notification, cases of infective hepatitis were recorded which had been mainly hospital admissions. The number of cases reported were as follows :—

1955	95	1962	57
1956	96	1963	64
1957	80	1964	218
1958	90	1965	135
1959	117	1966	149
1960	274	1967	185
1961	152	1968	357

The quarterly incidence in 1968 was as follows :—

1st - 27 ; 2nd - 47 ; 3rd - 58 ; and 4th 225 ; 123 cases were admitted to hospital. There were four deaths, consisting of three females aged 34, 54 and 62, and one male, aged 57.

The age and sex distribution in 1968 was :—

Age Group	- 1	- 5	- 15	- 25	- 35	- 45	- 65	65 +	Total at all Ages
Males ...	1	27	94	30	12	9	3	—	176
Females ...	1	24	99	33	11	1	6	6	181

LEPTOSPIROSIS

LEPTOSPIRAL INFECTION IN HUMANS

Incidence Year	Serogroup Involved	
	<i>L. icterohaemorrhagica</i>	<i>L. canicola</i>
1956	4	—
1957	—	—
1958	—	3
1959	1	1
1960	—	2
1961	—	1
1962	2	2
1963	—	6
1964	1	4
1965	1	4
1966	—	1
1967	1	—
1968	—	3

Of the three cases with *L. canicola* known in 1968, case 1 a female aged 6 and case 2, a male aged 32 employed as a lorry driver, were admitted to hospital in January and April as cases of meningitis, and case 3, a male aged 40, was admitted in August as pyrexia of unknown origin.

Serological examination revealed the cause to be *L. canicola*, the titres in cases 2 and 3 being 1/1,000 and 1/10,000 respectively. Complement fixation tests in case 1 showed a significant rise in titre.

In case 2, the aetiological possibilities included the dog in the builder's yard where the patient was employed, and a relative's dog with which he was often in contact. The likely cause in case 3 was the family pet dog.

BRUCELLOSIS (UNDULANT FEVER)

Returns from bacteriological laboratories show that four recognised cases of brucellosis occurred in Glasgow during 1968. Some of them showed unusual features.

A 65-year-old fitter, who had had a coronary thrombosis four years previously and had retired two years previously because of a circulatory disorder, became ill in February, 1968. His symptoms were

nausea, anorexia, diarrhoea, loss of weight, loss of energy and intolerance of cold weather. When he was admitted to hospital in April it was suspected that he had some form of cancer. At that time an agglutination test for *Brucella abortus* was negative, but a month later he had on two occasions a titre of 1 : 2560. Three blood cultures were negative. After treatment with tetracycline the titre fell to 1 : 640 and then to 1 : 80 but the patient's symptoms did not improve. It was found that he had indeed a bronchial carcinoma, from which he died three months after his admission to hospital. At post-mortem examination, when the diagnosis of bronchial carcinoma was amply confirmed, the pathologist remarked on the complete absence of any histological changes in spleen, lymph nodes or liver which might suggest brucellosis. The milk supplied to the patient's home in Glasgow was pasteurised, as was that supplied to his sister's home in the North of Scotland where he had spent a holiday in August, 1967. The patient's previous poor health had limited his activities and he had seldom taken a meal away from home, but further enquiries revealed that on Christmas Day, 1967, he had had dinner at his daughter's home in a Lanarkshire town and that the unpasteurised milk supplied to his daughter's home was derived from a herd which later gave presumptive evidence of brucella infection as shown by a positive milk-ring test.

In June, 1968, a 38-year-old woman was admitted to hospital for investigations of two subcutaneous nodules in her neck. One of these lesions, situated just below the chin, had been present for sixteen months; the other, just above the sternum, had been present for two months. Both were discharging through sinuses. Actinomycosis and tuberculosis were considered as possible diagnoses, though the Mantoux test was negative at 1 : 1000 and only faintly positive at 1 : 100. A month after her admission to hospital a biopsy was performed, material being curetted from each lesion for histological and bacteriological examination. This material was found to be granulomatous, consistent with tuberculosis or brucellosis, but no tubercle bacilli were found on direct examination. Two days after the operation the patient began to have an intermittent pyrexia, and seven days after the operation she suddenly became acutely ill, with fever, convulsions, retention of urine and gross mental disturbance. Radiological examination of the chest, which had previously been negative, now showed appearances suggestive of miliary tuberculosis, though the cerebro-spinal fluid was normal, and anti-tuberculosis therapy, including streptomycin, was commenced. At this stage she was found to have antibodies to *Br abortus* at a titre of 1 : 1280. It should be noted that streptomycin would be an effective treatment for brucellosis. She made a rapid

recovery, the chest X-Ray clearing within two months, the brucella agglutination test became negative and the skin lesions healed. The very experienced consultant physician in infectious diseases who attended her is firmly of the opinion that she was suffering from brucellosis, the negative tuberculin test, the fulminating onset of the acute illness, the gross mental disturbance and the rapid clearing of the radiological appearances all being inconsistent with miliary tuberculosis, and he remains of that opinion despite a report that tubercle bacilli were later cultured from the biopsy material. Brucellosis mimicking miliary tuberculosis has previously been reported. The patient, who lived alone, took milk only in the form of condensed milk and she did not eat cream or cheese. For twenty-two years until August, 1967, she had worked in an upholstery fillings factory, where her duties included opening bales of imported equine, porcine and bovine hair, which she held under her chin in contact with the areas where the skin lesions appeared. The hair may have been the source of her infection, for it is known that *Br. abortus* can survive outside the body for several weeks.

A 21-year-old civil servant was admitted to hospital in November, 1968. He had a history of vague aches and pains, sweating, rigors and fatigue for about three months, and during the preceding year had been off work several times with influenza-like illnesses. Physical examination was entirely negative, there being no enlargement of spleen, liver or lymph nodes, and his temperature was normal. The agglutination titre for *Br. abortus* was 1 : 3840. Blood culture was negative. He was discharged from hospital after receiving a ten-day course of streptomycin, but treatment with tetracycline was continued for four weeks. He made a good recovery. The milk supplied to his home in Glasgow was pasteurised, but he drank unpasteurised milk of Premium grade in the office in which he was employed in a Dunbartonshire town.

In December, 1968, after two brief influenza-like illnesses, a 24-year-old veterinary surgeon developed a right epididymitis. As he had no urinary symptoms and his urine was found on culture to be sterile it was considered that the infection had not spread from the urinary tract but he was given a course of sulphonamide. Two weeks later he developed a severe right epididymo-orchitis with fever, and was admitted to hospital. At his own suggestion, his blood was examined for antibodies to *Br. abortus*, which were found to be present at a titre of 1 : 4000. He made a good response to treatment with ampicillin and was discharged after eleven days in hospital with instructions to continue the treatment for a further week. The day after the treatment

was stopped he developed a left epididymitis, for which he was given a three-week course of tetracycline. Orchitis is one of the less common manifestations of brucellosis. Three months before his illness began, the patient had attended a parturient cow known to be infected with brucellosis and, wearing one glove and no mask, had performed a manual removal of the placenta.

SCABIES

The number of scabies has again markedly increased.

Division	Number of Families			Number of Cases		
	1968	1967	1966	1968	1967	1966
Central	979	179	89	1,949	370	188
Northern	468	311	119	937	848	248
Eastern	224	216	169	464	462	396
South-Eastern ...	243	96	53	504	180	113
South-Western ...	125	122	54	269	250	103
	<u>2,039</u>	<u>924</u>	<u>484</u>	<u>4,123</u>	<u>2,110</u>	<u>1,048</u>

For many years now no reception centre arrangements have existed in the City and cases have had to be treated within their own homes. The number of cases reported this year is the highest on record since the war years.

Facilities exist at Florence Street and Glenbarr Street Clinics for the bathing and treatment of school children.

SCHOOL CHILDREN TREATED IN CLINICS FOR SCABIES

Month	Boys	Girls	Total
January	250	231	481
February	455	293	748
March	505	443	948
April	283	243	526
May	299	365	664
June	176	350	526
July	95	104	199
August	46	41	87
September	639	645	1,284
October	684	665	1,349
November	574	487	1,061
December	154	203	357
	<u>4,160</u>	<u>4,070</u>	<u>8,230</u>

The figures given for school children treated at clinics are in addition to the divisional figures quoted. The total for the equivalent group for 1967 came to 932.

INFLUENZA

There was evidence of a significant outbreak of influenza in the first quarter of the year and the virological evidence indicates that this was due to virus type A.

As the disease is not notifiable an estimate of its incidence must be taken from the following sources :—

1. Isolation of virus or identification by significant rise in titre—
from the weekly "Communicable Diseases Scotland" reports
(Glasgow figures only).
2. New claims for sickness benefit made to the Department of
Health and Social Security.
3. Notified cases of Influenzal Pneumonia.
4. Deaths from Influenza.

ISOLATION OR IDENTIFICATION OF INFLUENZA VIRUS, 1968

		Serology				Isolation			
		A	A2	B	C	A	A2	B	C
1st Quarter	...	53	—	—	1	18	7	—	—
2nd Quarter	...	1	—	2	—	—	—	—	—
3rd Quarter	...	1	—	—	2	—	—	—	—
4th Quarter	...	—	—	—	—	—	—	—	—
Total	...	55	—	2	3	18	7	—	—

These figures indicate the presence of a significant amount of influenza virus A during the first quarter of the year and an almost complete absence during the remainder of the year.

WEEKLY RETURNS OF NEW CLAIMS FOR SICKNESS BENEFIT

The total number of new claims for sickness benefit made in Glasgow each week during the year normally runs in the region of between five and seven thousand. More than seven thousand new claims were made in the twelve weeks between 2nd January and 26th March, and thereafter fell to the normal level for the remainder of the year. The figure reached 14,500 on 9th January, 17,000 on 16th January and 15,700 on 23rd January. These figures are approximately comparable to the figures of 1966 when there was an outbreak due to influenza virus types A and B, but do not compare with the figures for the major outbreak in 1957, when the weekly claims reached over 30,000. The 1968 figures, however, show a large rise in illness during the first two months of the year, which was probably due to the presence of influenza virus in Glasgow.

MONTHLY DISTRIBUTION OF NOTIFIED CASES OF INFLUENZAL
PNEUMONIA, 1968

January ...	...	13	July ...	...	1
February ...	...	7	August ...	...	1
March ...	...	3	September ...	...	1
April ...	...	1	October ...	...	—
May ...	...	—	November ...	...	—
June ...	...	—	December ...	...	2
					Total ... 29

These figures, however, are of no great significance as it is recognised that most cases of pneumonia due to influenza are never notified unless hospital admission is required. The number of notifications during January and February do not correspond to the considerable number of new claims for sickness benefit during this period.

DEATHS FROM INFLUENZA (REGISTRAR GENERAL'S FIGURES) 1968

Age Group				Total
Under five years	...	...	...	2
5—15 years	...	...	...	9
55—65 years	...	...	...	9
65—75 years	...	...	...	10
75—85 years	...	...	...	20
over 85 years	...	...	...	16
Total ...				66

It is, of course, recognised that any outbreak of influenza has the effect of accelerating the deaths of many frail and elderly persons who may have been expected to die from other conditions within a comparatively short time, and the certified death rate is not a true indication of the seriousness of the epidemic.

The available figures are not an accurate indication of the incidence of the disease, but it can be seen that there was a significant outbreak of influenza in the first quarter of 1968 due to virus type A.

RESPIRATORY DISEASE OTHER THAN TUBERCULOSIS

During the year, 1,937 cases of pneumonia were notified and there were 592 deaths from pneumonia and 715 from bronchitis. The corresponding figures for 1967 which were the lowest for ten years, were 1,709 cases notified, 420 deaths from pneumonia and 610 deaths from bronchitis.

Some 85 per cent. of persons notified with primary pneumonia were treated in hospital.

The age and sex distribution of primary pneumonia and the numbers and percentages treated in hospital are given in Table A.

TABLE A
NOTIFICATIONS OF PRIMARY PNEUMONIA
AGE AND SEX DISTRIBUTION
AND
THE NUMBERS AND PERCENTAGES TREATED IN HOSPITAL

Age in Years	Notifications			Treated in Hospital		
	Male	Female	Both Sexes	Percentage of total	Number	Percentage
Under 1 year	195	124	319	16.5	293	91.8
1-4 ...	168	94	262	13.5	245	93.5
5-44 ...	196	124	320	16.5	272	85.0
45-64 ...	169	114	283	14.6	229	80.9
65 and over	352	401	753	38.9	614	81.5
All Ages	<u>1,080</u>	<u>857</u>	<u>1,937</u>	<u>100.0</u>	<u>1,653</u>	<u>85.3</u>

The death rate per million for respiratory diseases other than tuberculosis was 1,563.

Of the deaths from pneumonia 85.5 per cent. were over 45 years of age and of these 49 per cent. were males, and of the deaths from bronchitis 97.8 per cent. were over 45 years and 71.7 per cent. were males.

The age and sex distribution of the deaths from pneumonia and bronchitis are given in Table B.

TABLE B
DEATHS FROM PNEUMONIA AND " BRONCHITIS,
EMPHYSEMA AND ASTHMA " †
AGE AND SEX DISTRIBUTION
(Percentages of Column Totals given in Brackets)

Data from Registrar General's Annual Return.

Age in Years	Pneumonia*			Bronchitis, Emphysema, and Asthma		
	Male	Female	Both Sexes	Male	Female	Both Sexes
Under 1 ...	44 (14.9)	29 (9.8)	73 (12.3)	— (—)	— (—)	— (—)
1-4 ...	1 (0.3)	— (—)	1 (0.2)	1 (0.2)	— (—)	1 (0.1)
4-44 ...	7 (2.4)	5 (1.7)	12 (2.0)	9 (1.8)	6 (2.9)	15 (2.1)
45-64 ...	38 (12.9)	34 (11.4)	72 (12.2)	158 (30.9)	57 (28.0)	215 (30.1)
65 and over ...	205 (69.5)	229 (77.1)	434 (73.3)	343 (67.1)	141 (69.1)	484 (67.7)
All ages	<u>295(100.0)</u>	<u>297(100.0)</u>	<u>592(100.0)</u>	<u>511(100.0)</u>	<u>204(100.0)</u>	<u>715(100.0)</u>

* Pneumonia of the newborn now included.

† Deaths from Emphysema and asthma previously included under " other respiratory diseases " now grouped with deaths from bronchitis.

The percentage of deaths from pneumonia and bronchitis occurring in the first quarter of the year were 48·6 per cent. and 42·1 per cent. respectively compared with 29·8 per cent. of the pneumonia deaths and 30·1 of the deaths from bronchitis in the previous year.

The quarterly incidence of deaths, taken from the Registrar General's returns, is given in Table C.

TABLE C

QUARTERLY INCIDENCE OF *NOTIFICATIONS AND
†DEATHS OF PRIMARY PNEUMONIA AND INFLUENZA
AND OF DEATHS FROM BRONCHITIS

(* Departmental Data. † Registrar General's Quarterly Returns).

Period	Notifi- cations	Primary Pneumonia		% of Total	Influenza		Bronchitis, Emphysema and Asthma	
		% of Total	Deaths		Notifi- cations	Deaths	Deaths	% of Total
1st Quarter ...	843	43·5	290	48·6	23	55	297	42·1
2nd Quarter	413	21·3	116	19·4	1	2	130	18·4
3rd Quarter ...	240	12·4	75	12·6	3	3	95	13·5
4th Quarter ...	441	22·8	116	19·4	2	6	183	26·0
	<u>1,937</u>	<u>100·0</u>	<u>597</u>	<u>100·0</u>	<u>29</u>	<u>66</u>	<u>705</u>	<u>100·0</u>

Table D gives the yearly incidence for the past ten years of deaths from pneumonia, bronchitis, influenza and " other respiratory diseases ", excluding tuberculosis.

TABLE D

DEATHS FROM RESPIRATORY DISEASE OTHER THAN TUBERCULOSIS,
1959-1968

(REGISTRAR GENERAL'S ANNUAL RETURNS)

Year	*Pneumonia (excluding Pneumonia of the newborn)	†Bronchitis	Influenza	Other Respiratory Diseases	Totals
1959	693	943	89	78	1,803
1960	513	708	23	78	1,322
1961	645	762	75	86	1,568
1962	519	810	25	75	1,429
1963	729	946	52	99	1,826
1964	428	808	16	83	1,335
1965	533	814	17	87	1,451
1966	652	808	72	64	1,596
1967	420	610	6	60	1,096
1968	592*	715†	66	104	1,477

* Pneumonia of the newborn now included.

† Bronchitis, Emphysema and Asthma now grouped together.

Table E gives the number of deaths, and the death rates per 100,000 of the estimated population, excluding institutional population, for pneumonia and bronchitis, for the various public health divisions of the City. The figures are based on departmental data.

TABLE E

DEATHS FROM PNEUMONIA AND BRONCHITIS
AND DEATH RATE PER 100,000 OF THE ESTIMATED POPULATION
FOR THE PUBLIC HEALTH DIVISIONS OF THE CITY

Division	Pneumonia		Bronchitis, Emphysema and Asthma		Death Rate per 100,000 of Estimated Population	
	Number	Per Cent.	Number	Per Cent.	Pneumonia	Bronchitis
Eastern	116	23·7	186	27·5	51·6	82·7
Northern	95	19·4	136	20·1	53·4	76·5
Central	105	21·4	134	19·8	53·9	68·3
South-Eastern ...	93	19·0	118	17·5	45·3	57·5
South-Western ...	81	16·5	102	15·1	57·5	72·4
	<u>490*</u>	<u>100·0</u>	<u>676*</u>	<u>100·0</u>	<u>51·8</u>	<u>71·5</u>

* Institutional deaths not included.

Table F gives the death rates from pneumonia and bronchitis for Glasgow and other cities in Scotland and England for the years 1965, 1966 and 1967.

TABLE F

DEATH RATES PER 100,000 OF THE POPULATION FOR
PNEUMONIA AND BRONCHITIS FOR SCOTLAND,
THE SCOTTISH AND CERTAIN ENGLISH CITIES

	Pneumonia			Bronchitis		
	Death	Rate per	100,000	Death	Rate per	100,000
	1965	1966	1967	1965	1966	1967
*Scotland ...	39·4	49·8	37·6	54·8	55·4	43·3
*Aberdeen ...	42·3	41·4	41·7	42·3	59·4	40·1
*Dundee ...	49·6	69·7	51·0	71·2	65·3	42·8
*Edinburgh ...	50·8	62·9	47·4	60·1	63·3	45·9
*Glasgow ...	53·2	66·5	43·7	81·3	82·5	63·5
†Birmingham ...	72·7	67·1	78·9	74·4	60·0	62·6
†Liverpool ...	91·5	105·0	99·0	75·8	77·1	77·7
†Manchester ...	57·6	68·9	73·3	104·3	109·4	103·5
†Leeds ...	71·5	79·1	67·4	88·2	102·9	77·0
†Salford ...	78·2	87·0	103·2	118·7	138·5	117·1
†Oldham ...	98·7	134·7	160·2	101·4	176·4	127·5

These figures are based on data from—

* Registrar General's Annual Reports for Scotland.

† Registrar General (England and Wales) Statistical Reviews.

TUBERCULOSIS

An effort was made to process the tuberculosis statistics for 1968 on the computer. This would have provided the figures for this Report and for the annual return to the Scottish Home and Health Department. Difficulties were encountered which made some hand sorting necessary but it is expected that these difficulties will be overcome.

Incidence.—The table of notifications which follows shows that the improvement over the past few years has been well maintained in 1968.

			Pulmonary	Non-Pulmonary	Total
1935-39 (Average)			1,650	657	2,307
1940-44	do.		2,367	690	3,057
1945-49	do.		2,674	468	3,231
1950-54	do.		2,297	312	2,609
1955	...	...	2,181	278	2,459
1956	...	...	2,024	193	2,217
1957	...	...	3,925	172	4,097
1958	...	...	1,340	167	1,507
1959	...	...	1,159	120	1,279
1960	...	...	1,092	109	1,201
1961	...	...	1,021	137	1,158
1962	...	...	927	117	1,044
1963	...	...	863	116	979
1964	...	...	814	135	949
1965	...	...	721	104	825
1966	...	...	634	102	736
1967	...	...	570	87	657
1968	...	...	525	55	580

The number of new pulmonary cases in 1968 (525) shows a reduction of 7·9 per cent. compared with 1967 which in turn showed a reduction of 10·1 per cent. from 1966.

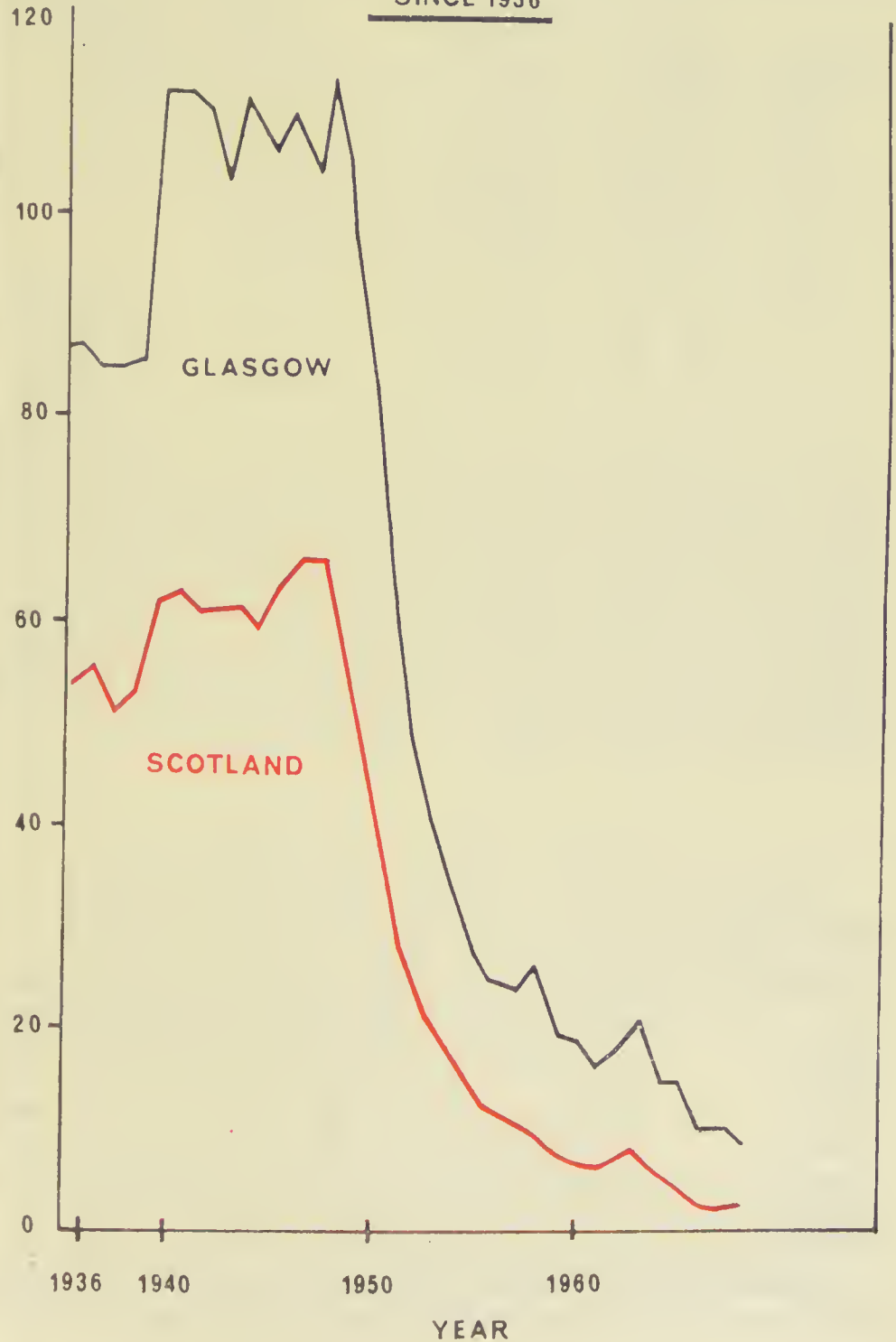
Non-pulmonary tuberculosis notifications tended to fluctuate in the early 'sixties even increasing in certain years. In the past two years there has been a dramatic fall in the incidence. In spite of the known deficiencies of non-pulmonary notification a substantial improvement is indicated.

PULMONARY TUBERCULOSIS
GLASGOW and SCOTLAND

Deathrates per 100,000

Rate
per
100,000

SINCE 1936



The following table shows the age and sex distribution of the cases notified in 1968 with the corresponding 1967 figures alongside for comparison :—

Age groups	Pulmonary				Non-Pulmonary			
	Males		Females		Males		Females	
	1968	1967	1968	1967	1968	1967	1968	1967
— 5	6	3	5	3	—	1	3	1
— 15	24	16	13	9	2	3	1	4
— 25	24	43	31	36	5	12	6	6
— 35	42	37	28	40	5	4	4	11
— 45	42	46	38	28	3	3	9	12
— 55	57	62	20	38	3	2	3	6
— 65	93	103	12	19	—	2	5	7
+ 65	58	63	32	24	1	4	5	9
	<u>346</u>	<u>373</u>	<u>179</u>	<u>197</u>	<u>19</u>	<u>31</u>	<u>36</u>	<u>56</u>

Both sexes show a quite substantial improvement in both classes of disease. In pulmonary disease the males continue to produce about twice as many new cases as the females and peak incidence in men occurs around the age of sixty. It is somewhat disturbing to see an increase of pulmonary cases in the two youngest age groups. This must be taken together with intimations which are discussed later in this Report. There is little doubt that many of these children have a mild illness which would not have been notified a few years ago. The adolescents and young adults who should benefit from B.C.G. vaccination continue to show an improved position.

PULMONARY TUBERCULOSIS

Comparative Incidence.—The case rate per 100,000 population in Glasgow and other large Scottish and English cities is shown.

PULMONARY TUBERCULOSIS : GLASGOW AND OTHER LARGE TOWNS

		1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Glasgow ...	...	126	109	103	97	89	84	80	72	65	59	56
Edinburgh ...	...	148	59	55	56	47	48	37	39	40	36	41
Aberdeen ...	...	52	73	48	46	34	26	26	30	32	31	30
Dundee ...	...	252	135	57	71	63	67	49	50	35	25	42
Liverpool ...	...	104	215	58	54	59	53	37	34	33	33	32
Manchester ...	...	78	71	59	58	59	47	49	48	44	43	50
Birmingham ...	...	84	64	71	64	65	56	57	51	53	48	46

Although Glasgow still has the highest rate the gap is closing and it will be seen that two towns had an increased rate compared with 1967.

Mortality.—There were 88 deaths from pulmonary tuberculosis in 1968 compared with 101 in 1967. The corresponding death rates per 100,000 population were 9 in 1968 and 10 in 1967. Sixty-five of the 88 deaths were males and of these 50 were males over 55 years of age.

Reflecting as it does infection in the past, Glasgow with its bad history of disease will continue to lag behind the other large towns.

PULMONARY TUBERCULOSIS: GLASGOW AND OTHER LARGE TOWNS
DEATH RATES PER 100,000 — 1957-1967

		1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Glasgow ...	...	26	20	19	18	18	21	14	14	10	10	9
Edinburgh ...	...	6	4	5	3	3	3	2	3	2	1	2
Aberdeen ...	...	7	6	5	5	2	4	1	3	2	3	3
Dundee ...	...	10	7	5	6	3	7	4	2	2	3	2
Liverpool ...	...	14	14	11	11	10	7	5	6	6	6	6
Manchester ...	...	10	12	12	8	11	8	8	7	8	7	6
Birmingham ...	...	13	9	7	7	7	7	5	4	4	3	4

NON-PULMONARY AND DISSEMINATED TUBERCULOSIS

Incidence.—There were 55 cases of non-pulmonary tuberculosis in 1968 compared with 87 in 1967 and 102 in 1966. The improvement is remarkable. It is known that notification of these conditions is sometimes overlooked. Among the 55 cases were 5 cases of tuberculous meningitis, none in infancy but two under five years of age. These cases could almost certainly be prevented by B.C.G. vaccination in infancy.

Mortality.—In 1968 there were 13 deaths from non-pulmonary tuberculosis compared with 9 in 1967.

Intimation of Primary Tuberculosis.—There were 38 intimations comprising 25 boys and 13 girls and this figure compares with 37 intimations in 1967. Intimation and notification in children tend to be interchangeable according to the preference of the clinician. In either case a search is made for the source of infection.

B.C.G. VACCINATION

In 1968 more B.C.G. vaccinations were done in Glasgow than in any previous year. The total was 27,731 as compared with 26,476 in 1967. There was an increase in contacts vaccinated from 537 in 1967 to 682 in 1968. There was also an increase in school vaccinations from 11,232 to 11,623. The largest increase, however, was in infant

vaccinations from 12,425 to 13,371. This represents 84 per cent. of the number of hospital births notified to this Department. This happened in spite of staffing difficulties not only in the obstetric wards but also during the school campaign.

School Campaign.—Vaccination of 13-year-olds was done in 104 schools. A great deal of help is freely given by the school staffs and this results in the pupils presenting themselves with a minimum of fuss and delay. In many schools the organisation is really excellent. The number of consent forms issued to parents was 15,975; 240 more than in 1967 and 15,501 consents were obtained. This 97 per cent. response is up to the usual consistently high standard. Following the transfer of tuberculosis health visitors to general duties in 1968 no home visits were paid as in previous years to obtain missing consent forms. A second consent form was posted to the parent and this was moderately successful. There were 338 of these postal enquiries and 147 additional consents were received.

Tuberculin Testing.—It was decided to do the Mantoux testing with five Tuberculin unit P.P.D. but some difficulty arose with the supply and a certain number of schools were done with 10 unit P.P.D. Another two schools were tested with 1/1000th Old Tuberculin (i.e. 10 Tuberculin Unit Dose). In the eleven schools where stronger tuberculin was used 2,196 pupils were tested and 458 positives were found giving a reactor rate of 20.9 per cent.

In the other schools tested with 5 unit P.P.D. 12,281 pupils produced 2,381 positive, a reactor rate of 19.4 per cent.

Since 1965 there have been two contrary forces at work on the reactor rate; the decrease in natural infection and the rising proportion of vaccinated children. On balance the positive reactors have increased in the past three years. In 1967 25.2 per cent. of children tested with 10 Tuberculin unit P.P.D. were positive and 22 per cent. of those tested with the 5 unit doses. In 1968 the fall was resumed to the rates quoted above. There are two possible explanations. Either the drop in natural infection has again become the dominant factor or else the converting power of the Danish vaccine used in 1955 for infant vaccination was reduced.

In all 14,477 tests were observed of which 11,638 were negative. All but 15 of these children were given vaccine, a total of 11,623.

SCHOOLS B.C.G. CAMPAIGN—1968

1. PUBLIC RESPONSE—PARENTAL CONSENT TO VACCINATION

		Schools	Pupils	Consents	% Response
Public Schools	...	98	15,594	15,137	97.1
Private Schools	...	6	381	364	95.5
Total	...	<u>104</u>	<u>15,975</u>	<u>15,501</u>	<u>97.0</u>

2. LOSS DUE TO ABSENCE FROM SCHOOL

	(1) Consents	No. Absent 1st Visit	% of (1)	No. Tested	No. Absent 2nd Visit	% of (1)	Total No. Absent	% of (1)	No. of Tests Read
Public Schools	15,137	763	5.0	14,374	252	1.7	1,015	6.7	14,122
Private Schools	364	9	2.5	355	—	—	9	2.5	355
Total	<u>15,501</u>	<u>772</u>	<u>5.0</u>	<u>14,729</u>	<u>252</u>	<u>1.6</u>	<u>1,024</u>	<u>6.6</u>	<u>14,477</u>

3. RESULTS OF MANTOUX TESTS

MALE—

	Tests	Positive	Per Cent.	Negative	Per Cent
Public Schools	7,165	1,582	22.1	5,583	77.9
Private Schools	169	14	8.3	155	91.7
Total	<u>7,334</u>	<u>1,596</u>	<u>21.8</u>	<u>5,738</u>	<u>78.2</u>

FEMALE—

Public Schools	6,957	1,214	17.5	5,743	82.5
Private Schools	186	29	15.6	157	84.4
Total	<u>7,143</u>	<u>1,243</u>	<u>17.4</u>	<u>5,900</u>	<u>82.6</u>
All Results	<u>14,477</u>	<u>2,839</u>	<u>19.6</u>	<u>11,638</u>	<u>80.4</u>

4. B.C.G. VACCINATION

			Negative Reactors	Not Vaccinated	%	Vaccinated
MALE—						
Public Schools	...	...	5,583	7	0.1	5,576
Private Schools	...	...	155	—	—	155
Total	...	...	<u>5,738</u>	<u>7</u>	<u>0.1</u>	<u>5,731</u>
FEMALE—						
Public Schools	...	...	5,743	6	0.1	5,737
Private Schools	...	...	157	2	1.3	155
Total	...	...	<u>5,900</u>	<u>8</u>	<u>0.1</u>	<u>5,892</u>
Both Sexes	...	...	<u>11,638</u>	<u>15</u>	<u>0.1</u>	<u>11,623</u>

Routine Vaccination Scheme.—The divisional contact clinics were busier than in the previous two years. Every effort is made to bring child contacts forward for testing and vaccination when necessary. If infant vaccination is maintained at its present high level few children exposed to infection will be unprotected.

The addition of 27,731 vaccinations in 1968 now brings the cumulative total of B.C.G. vaccinations in Glasgow to 373,573. This means that about 70 per cent. of the population up to 30 years of age have been vaccinated.

B.C.G. VACCINATIONS—GLASGOW, 1950/68

Group	Centre	1950/63	1964	1965	1966	1967	1968	Total
Indoor Contacts	Moffat Street ...	895	—	—	—	—	—	895
	Carnbooth ...	565	2	3	—	3	1	574
	Millbrae ...	691	10	15	2	11	—	729
	Total ...	1,011	11	16	—	1	1	1,040
N.B. Infants	Millbrae ...	3,162	23	34	2	15	2	3,238
<hr/>								
Outdoor Contacts	Health and Welfare Department ...	18,752	632	738	598	537	652	21,939
	R.H.S.C. ...	1,009	—	—	—	—	—	1,009
	Total ...	19,761	632	738	598	537	652	22,948
	Total ...	19,761	632	738	598	537	652	22,948
<hr/>								
Nurses	Hospitals ...	2,248	71	119	121	83	125	2,767
	Langside College Trainees	177	16	45	30	29	16	313
	Logan and Johnston Trainees ...	224	23	33	47	2	—	329
	H.V. Trainees ...	18	—	—	—	—	—	18
	Total ...	2,667	110	197	198	114	141	3,427
<hr/>								
Students	University ...	810	32	—	10	37	27	916
	Others ...	93	—	—	—	—	—	93
	Total ...	903	32	—	10	37	27	1,009
<hr/>								
Total Primary Groups		26,493	797	969	808	703	652	30,622
<hr/>								
N.B. Infants	Maternity Hospital ...	26,277	3,153	2,899	1,721	2,506	2,831	39,387
	Robroyston Hospital ...	17,552	1,149	1,769	1,819	1,833	1,731	23,853
	Stobhill Hospital ...	13,729	1,266	1,591	1,879	1,649	1,496	21,610
	Western District Hospital	9,648	1,289	828	—	—	—	11,765
	Southern General Hospital	4,746	685	474	275	613	1,017	7,810
	Eastern District Hospital	3,648	641	533	326	404	886	6,438
	Redlands Hospital ...	3,068	568	726	1,006	1,072	1,042	7,482
	Maternity Hospital	—	—	—	—	—	—	—
	Ross Annex ...	9,997	1,553	1,531	1,691	1,645	1,474	17,891
	Belvidere Hospital ...	1,234	585	783	929	883	952	5,366
	Queen Mother's Hospital	—	1,424	1,660	1,903	1,820	1,942	8,749
	Total ...	87,899	12,313	12,794	11,549	12,425	13,371	150,351
<hr/>								
Scholars	Schools ...	110,327	11,723	11,542	10,879	11,232	11,623	167,326
Others	Various ...	14,647	2,430	2,007	2,189	2,116	1,885	25,274
	Total ...	124,974	14,153	13,549	13,068	13,348	13,508	192,600
<hr/>								
Total Secondary Groups		212,873	26,466	26,343	24,617	25,773	26,879	342,951
<hr/>								
Total All Groups		239,366	27,263	27,312	25,425	26,476	27,731	373,573

Cumulative Total -- 373,573

X-RAY SECTION

The high standard of X-ray work has been maintained and the volume of work compared with 1967 was increased. Over ten thousand chest films, miniature and full size were taken. The full-time clerkess who left the service at the end of 1967 was replaced by a clerkess working half-time.

The increase in miniature work was due to the larger number of male candidates for superannuation.

The following table shows the recall rates :—

			Males	Females	Total
Miniatures	...	...	4,879	4,665	9,544
Recalls	...	...	232	137	369
Recall Rate	...	...	4·8%	2·9%	3·9%

The corresponding rates for 1967 were 4·0 per cent. (male), 3·6 per cent. (female) and 3·8 per cent. (total). The total recall rate, therefore, shows little change.

The 9,544 miniature films taken in 1968 are classified below.

MINIATURE FILMS, 1968

			Males	Females	Total
1. Contacts, New	...	...	283	360	643
2. Contacts, Return	...	...	11	28	39
3. Superannuation	...	...	2,159	972	3,131
4. Sick Pay	...	...	378	801	1,179
5. School Children	...	...	—	—	—
6. Special Surveys	...	...	116	77	193
7. Nationalised Services	...	...	1	—	1
8. Entrants to Homes	...	...	24	32	56
9. Other Local Authorities			—	—	—
10. Miscellaneous	...	...	645	928	1,573
11. School Teachers	...	...	1,015	1,449	2,464
12. Transport	...	...	247	18	265
			<u>4,879</u>	<u>4,665</u>	<u>9,544</u>

The 590 full-size films consisted of 369 recalls and 221 primary full-size films. In 1967 there were 532 large films made up of 356 recalls and 176 primary.

The findings for 1968 are classified as follows :—

FULL-SIZE FILMS, 1968

Groups	Phthisis		Pleurisy	Root Lesions	Non-Pulm. Lesions	Neo-plasm	N.A.D.	Total
	Active	Inactive						
MALE—								
1. Contacts, New ...	2	6	1	3	2	—	10	24
2. Contacts, Return ...	—	—	—	—	—	—	1	1
3. Superannuation ...	17	33	12	4	21	—	31	118
4. Sick Pay ...	7	14	2	2	4	2	5	36
5. School Children ...	—	—	—	—	—	—	—	—
6. Special Surveys ...	1	3	—	—	2	—	2	6
7. Nationalised Services	—	2	—	—	1	—	1	4
8. Entrants to Homes	4	9	5	1	7	1	25	52
9. Other Local Authorities ...	—	—	—	—	—	—	—	—
10. Miscellaneous ...	8	4	6	—	7	—	46	71
11. School Teachers ...	1	6	3	—	2	—	24	36
12. Transport ...	2	1	1	—	—	—	4	8
	<u>42</u>	<u>78</u>	<u>30</u>	<u>10</u>	<u>46</u>	<u>3</u>	<u>149</u>	<u>358</u>
FEMALE—								
1. Contacts, New ...	6	5	3	6	—	—	8	28
2. Contacts, Return ...	—	—	—	—	—	—	1	1
3. Superannuation ...	4	10	1	2	4	1	20	42
4. Sick Pay ...	7	19	1	1	5	—	5	38
5. School Children ...	—	—	—	—	—	—	—	—
6. Special Surveys ...	—	—	—	—	—	—	—	—
7. Nationalised Services	—	—	—	—	—	—	—	—
8. Entrants to Homes	1	11	1	—	11	—	40	64
9. Other Local Authorities ...	—	—	—	—	—	—	—	—
10. Miscellaneous ...	2	10	—	—	1	1	16	30
11. School Teachers ...	—	4	—	2	3	—	18	27
12. Transport ...	1	1	—	—	—	—	—	2
	<u>21</u>	<u>60</u>	<u>6</u>	<u>11</u>	<u>24</u>	<u>2</u>	<u>108</u>	<u>232</u>

In 63 of those examined, a diagnosis of active pulmonary tuberculosis was suggested as compared with 47 in 1967. These are patients who require further investigation unless they are already attending a chest clinic. A minority are notified as new cases.

With very few exceptions those attending are symptom free and not referred because of illness. A suggested diagnosis of lung cancer was made on five occasions. Three men were involved and two women. This compares with two men in the previous year. The numbers are small, but this is the highest incidence of this condition which has been reported.

VENEREAL DISEASE

The increase in the number of new patients attending the Venereal Diseases Clinics in Glasgow, noted annually since 1962, continued in 1968 when 6,009 were seen compared with 5,875 in 1967. The numbers of patients transferred in increased from 115 in 1967 to 118 in 1968 so that despite a fall in the number of patients carried over from 1967, in all 7,775 patients were dealt with during the year. As far as the disposal of patients is concerned, 3,114 were dismissed from the clinic while only 2,333 defaulted. Five hundred and twenty-six were transferred out to other clinics. This has shown some improvement in 1968 over 1967 when the numbers defaulting exceeded those dismissed from the clinic. There has been a large increase in the number of patients carried over to 1969—1,802—again this was because there was a larger proportion of patients seen in the last quarter of 1968. The figures for the admission and disposal of patients from 1963 to 1968 are set out in Table 1 which shows the various trends over the years. Table II sets out the number of new patients by sex and diagnosis over the past 6 years. There was an increase in the number of new male patients, 190, but a decrease in the number of new female patients, 56. While there was a slight drop in the number of patients with syphilis and gonorrhoea, these are probably of little significance. In both sexes, there was again an increase in those attending with other venereal infections and those found without any venereal disease at all.

NON-SPECIFIC URETHRITIS

The upward trend in the numbers of new patients attending the clinic with non-specific urethritis continued into 1968 when 1,118 new patients were dealt with. Twenty-one (1.9 per cent.) of them had Reiter's Syndrome. This incidence appears to be rising in the locality but it may well be that more cases are being referred to the Department as other clinicians realise our interest in this problem.

TRICHOMONAS INFECTIONS

During 1968, 22 male patients were found to be suffering from trichomonas infections. All these are sexually transmitted infections and a number of their consorts attended the female clinics for treatment. The majority were diagnosed as before by routine cultures carried out on all cases of urethritis in male patients. There was a fall in the number of female patients with trichomoniasis from 483 in 1967 to 411 in 1968. Just as many women were found to have trichomoniasis by culture as in 1967, but there was a drop in the number

found by means of exfoliative cytology and it may well be this is the reason for our drop in figures.

OTHER VENEREAL INFECTIONS

The rise in the number of male patients treated for other venereal infections continued in 1968, 1,217 were treated compared with 1,099 in 1967. Two men were found to be suffering from a lymphogranuloma venereum as in the previous year. The rise in the number of female patients was again less dramatic, 159 in 1968 compared with 144 during 1967. One woman was found to be suffering from lymphogranuloma venereum and was duly treated. One hundred and forty-four men and 6 women were treated for phtherius pubis infestation and 97 men and 10 women for scabies. Again, these numbers have risen and are an indication of the number of promiscuous associations in the area as these are sexually transmitted diseases.

NON-VENEREAL CONDITIONS

In 1968 there was a rise in the number of those patients found to be free from venereal or sexually transmitted disease when they attended the clinics. This is a good indication that patients are coming when they are anxious. Possibly with greater publicity throughout the area we would get even more patients coming for reassurance. During 1968, 1,100 men and 448 women were found to be free from venereal disease. Some attended of their own accord for reassurance or were referred to eliminate venereal disease as a cause of varying complaints. For the second year running there was a drop in the number of babies referred to have serological tests for syphilis carried out prior to adoption—142 males and 167 females.

The number of women on whom cervical exfoliative cytology was carried out decreased in line with the fewer patients found to have gonorrhoea and trichomoniasis. Six hundred and three smears were taken from 501 women. This year, only 5 were found to have abnormalities warranting further investigation by a gynaecologist and so far one has failed to attend for examination and treatment. This is an improvement on 1967 when the majority could not be found or refused to attend.

SYPHILIS

The types of syphilis diagnosed in new patients in 1963 to 1968 are set out in Table III. There was a fall in the number of male and female patients with contagious syphilis as compared with 1967.

Of the 36 male patients, 12 acquired their infections locally, 3 by homosexual contact, while of the 24 infections acquired elsewhere only 7 were imported by seamen, 17 were acquired by holidaymakers and tourists. This confirms that tourists are now the main source of importing syphilis into our area.

Of the 9 females, 2 acquired their infections elsewhere and 7 locally, 4 being contacts of men already attending.

There has been little change in the numbers of patients attending with late syphilis over the past 3 years but there was a drop in the number of patients suffering from congenital syphilis referred to us, 3 in 1968 compared with 7 in 1967 and all 3 were aged 15 years and over. This is very gratifying to be able to record.

ANTE-NATAL BLOOD TESTS

During 1968, there was a further increase in the number of ante-natal serological tests for syphilis carried out in Glasgow; 25,433 compared with 24,910 in 1967 and once again, all sera giving doubtful or positive results to the various non-specific tests used throughout the City were subjected to specific diagnostic tests. The City Laboratory tested 4,634 sera from the ante-natal clinics, 18 (0.39 per cent.) giving positive results to the non-specific tests of which 5 were confirmed by specific tests. This Laboratory also tested 3,760 sera for ante-natal patients attending their general practitioners, 13 (0.35 per cent.) giving positive non-specific results, 1 of which was confirmed by the specific tests. The other Laboratories in Glasgow carried out tests on a further 17,030 sera from ante-natal patients, 74 (0.43 per cent.) giving positive non-specific results, 7 of which were confirmed by specific tests. In all, 13 (12.4 per cent.) of the 105 positives or doubtful non-specific results were confirmed, giving an over-all incidence of syphilis among these ante-natal patients of 0.051 per cent. This is a rise from 0.036 per cent. in 1967 but it is lower than the figure for 1966 (0.089 per cent.).

GONORRHOEA

Twelve cases of gonococcal ophthalmia neonatorum were referred to the Department of Venereal Diseases in Glasgow during 1968. The majority of these babies had been delivered in hospital and it is worthy of note that during the 5 year period 1964-1968, 48 babies have been referred to us. A retrospective investigation of the ante-natal management and social factors concerning the mothers revealed that only 25 of the mothers were married: 2 teenagers in the last month of

pregnancy. Twenty-one of the mothers had a vaginal discharge of some note, only 9 were investigated and all inadequately. If note had been taken of the unmarried women, some with previous illegitimate children, those with vaginal discharge, 36 might well have been thoroughly investigated and if other social factors, such as the family being on National Assistance and the mother not co-operating with her ante-natal care a further 8 could have been investigated and treated for their gonorrhoea before the babies' eyes became infected. These findings have been reported elsewhere.

Once again, one child was referred with gonococcal vulvo-vaginitis.

The numbers of cases by age groups and sex of those with sexually transmitted gonorrhoea attending from 1963 to 1968 are set out in Table IV. For the first time in several years there was a drop in the number of infections treated, but, it is to be noted that these were aged 25 years and over, in those aged under 25 there was a rise in the number of patients dealt with. The figures in Table IV indicate the number of infections and as some patients attended on more than one occasion with infections of gonorrhoea, the actual number of male patients was 923 who between them had 1,051 infections, while 372 women had 386 infections. This means that there was an increase in the number of female patients attending with gonorrhoea as compared to 1967 when only 355 women were concerned.

THE SENSITIVITY OF GONORRHOEA TO THE ANTIBIOTICS

Full sensitivity reports were received from the City Laboratory on 1,170 strains of *N. Gonorrhoea* during 1968. As usual, these reports included the sensitivity or resistance to Streptomycin, Sulphonamide, Kanamycin and Tetracycline as well as a quantitative estimation of the sensitivity to Penicillin G. Penicillin remains the drug of choice in the treatment of gonorrhoea unless the patient has had a previous reaction. Forty-one per cent. of strains were sensitive to 0.03 micro grammes of Pen. G. This is a decrease from 50 per cent. in 1966 and 47.3 per cent. in 1967. 7.5 per cent. required a concentration 0.3 micro grammes or more per ml. compared with 2.3 per cent. in 1967 and 9 per cent. in 1966. Once again, one can report there appears to be no increase in the resistance of strains of *N. Gonorrhoea* seen in Glasgow as is unfortunately occurring elsewhere throughout not only the world, but the United Kingdom. The in vitro resistance of the other anti-bacterial agents is set out in Table V by quarters. Sixty-four per cent. were sensitive to all agents, 34.2 per cent were resistant to Streptomycin and 3.25 per cent. to Sulphonamides. In both cases, this is a gradual increase in the number of resistant strains over the

past 2 years. However, in 1968 no strains were found that were resistant to Kanamycin nor to Tetracyclines. This is of great importance to us as we use the drug Kanamycin by injection when Penicillin is contra-indicated.

ATTENDANCE OF SEAMEN AT VENEREAL DISEASES CLINICS

There was a fall in the number of seamen attending the Glasgow clinics during 1968, 416 compared with 495 during 1967 and once again the majority attended for reassurance only, many of them having received treatment of some sort on board ship, usually by means of antibiotics. The amount of contagious syphilis and gonorrhoea found in seamen as compared with the total males in Glasgow is set out in Table VI. Seven seamen attended with contagious syphilis, none acquired locally, and these infections accounted for only 19 per cent. of the male contagious syphilis. The fall in the number of seamen attending with gonorrhoea continued in 1968; 65 compared with 75 in 1967, and once more the incidence of gonorrhoea in seamen (15.6 per cent.) was lower than that for the total male patients of the clinic (23.0 per cent.).

CONTACT TRACING

Of the 1,094 men with infectious venereal disease, 27 attended as contacts of patients already attending. Interrogation of male patients concerning their sexual contacts resulted in information that could not be used because women were out of the area in 265 cases but of the 860 local contacts, 346 (40.2 per cent.) were followed up. This again reflects the efficiency of our contact tracing system. There was only sufficient information to notify 35 of the 265 contacts outside the area to their nearest clinics. The outcome of the local contact tracing efforts is set out in Table VII and once more a note of the promiscuity of female patients found to be suffering from gonorrhoea set out in Table VIII.

Of the 395 women with sexually acquired infectious disease, 268 attended as contacts notified from the local male clinics or elsewhere. The diagnosis of these contacts is set out in Table IX.

CASE HOLDING

As has been stated previously the number of promiscuous women attending our clinics is high. Case holding was just as difficult in 1968 as it was in 1967 and for the same reasons, namely the large proportion of promiscuous women and the increase in clinic work that our Health Visitors had to do so that they were not able to carry out default work as well as they had been able to previously. Four

hundred and seventy-five default visits were made in 1968 compared with 482 in 1967, comparing with 929 in 1966 before we increased the number of sessions at the female clinics. Despite the difficulties, the average number of attendances by male and female patients remained at 6.1 and 5.9 exactly the same as in 1967. The possible number of attendances that they may have made when attending for gonorrhoea would be 10 as a maximum. The efforts made to persuade defaulters to re-attend in 1968 are set out in Table X.

There was a rise in the number of male and female default episodes among those suffering from gonorrhoea; males 571 compared with 514 in 1967, females 566 compared with 509 in 1967. There was a drop in the numbers of false names and addresses given by patients defaulting after treatment for gonorrhoea in 1968, 93 (16.4 per cent.) for females, a drop from 18.7 per cent. in 1967, and 120 (21.0 per cent.) for males, a drop from 25.9 per cent. in 1967.

TABLE I
ADMISSION AND DISPOSAL OF PATIENTS, 1963-1968

			1963	1964	1965	1966	1967	1968
On register at 1st January	...	...	1,079	1,047	933	1,545	1,700	1,586
New Patients	...	...	4,721	4,846	5,089	5,492	5,875	6,009
Other cases admitted	...	...	183	244	147	102	115	180
Total	...	...	5,983	6,137	6,169	7,139	7,690	7,775
Discharged	...	...	3,358	2,829	2,325	2,727	2,740	3,114
Defaulted	...	...	1,131	1,690	1,737	2,256	2,789	2,333
Transferred	...	...	447	685	562	456	575	526
On register at 31st December	...	...	1,047	933	1,545	1,700	1,586	1,802

TABLE II
NEW PATIENTS BY DIAGNOSIS, 1963-1968

Sex	Year	Syphilis	Gonorrhoea	Non Specific Urethritis	Trichomonas Infection	Other Venereal Infections	Non Venereal Conditions	Total
Male	1963	42	1,211	635	0	345	1,508	3,750
	1964	49	1,200	640	1	351	1,534	3,775
	1965	50	1,045	751	29	706	1,215	3,796
	1966	49	1,062	807	23	926	1,163	4,030
	1967	71	1,091	1,024	28	1,099	1,077	4,390
	1968	65	1,058	1,118	22	1,217	1,100	4,580
Female	1963	16	213	—	165	60	517	971
	1964	26	269	—	184	65	527	1,071
	1965	32	282	—	341	66	572	1,293
	1966	25	336	—	410	121	570	1,462
	1967	33	422	—	483	144	403	1,485
	1968	20	391	—	411	159	448	1,429

TABLE III

TYPES OF SYPHILIS IN NEW PATIENTS, 1963-1968

Year	Contagious		Late acquired		Congenital			
	M	F	M	F	Under 1 yr.	1-4 yrs.	5-14 yrs.	15 yrs. & over
1963	19	4	22	9	—	—	1	3
1964	25	10	24	11	—	—	1	5
1965	6	5	39	15	—	1	—	11
1966	15	10	32	7	—	—	—	10
1967	46	16	24	11	1	—	—	6
1968	36	9	27	10	—	—	—	3

TABLE IV

SEXUALLY ACQUIRED GONORRHOEA BY AGE GROUPS, 1963-1968

Sex	Year	Under 15	15-19	20-24	25-34	35-44	45 & over	Total
Male	1963	—	72	315	486	217	121	1,211
	1964	—	69	280	538	213	100	1,200
	1965	—	59	258	455	168	102	1,042
	1966	—	73	286	457	160	78	1,054
	1967	1	93	269	447	161	115	1,086
	1968	—	131	301	392	140	87	1,051
Female	1963	—	46	69	69	21	5	210
	1964	2	49	95	92	24	5	267
	1965	1	61	100	69	38	7	276
	1966	3	74	99	121	22	11	330
	1967	8	70	124	162	40	12	416
	1968	4	87	135	113	33	14	386

TABLE V

Antibacterial Agent	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Streptomycin ...	88	33.1	78	35.9	132	36.3	102	31.7	400	34.2
Sulphonamides ...	15	5.6	10	4.6	8	2.2	5	1.5	38	3.25
Kanamycin ...	0	—	0	—	0	—	0	—	0	—
Tetracycline ...	0	—	0	—	0	—	0	—	0	—
No. of strains examined	267	100.0	217	100.0	364	100.0	322	100.0	1,170	100.0
No. of strains sensitive to all agents	173	65.0	131	60.4	228	62.6	217	67.1	749	64.0

TABLE VI

THE INCIDENCE OF CONTAGIOUS SYPHILIS AND GONORRHOEA IN SEAMEN COMPARED WITH TOTAL MALES OVER THE PAST SIX YEARS

Year	Contagious Syphilis			Gonorrhoea		
	Total	Seamen	%	Total	Seamen	%
1963	19	7	37	1,211	99	8.2
1964	25	7	28	1,200	97	8.1
1965	6	1	17	1,042	96	9.2
1966	15	7	47	1,054	83	7.7
1967	46	10	22	1,086	75	6.9
1968	36	7	19	1,051	65	6.2

TABLE VII

Notification		Status	Not Traced Else- where	Local	Notified Else- where	Located Locally	Refused	Diagnosis	
								Con- firmed	Not Con- firmed
From Local	Marital	142	0	12	5	125	10	94	21
Clinics	Other	942	230	494	23	195	14	151	39
From Elsewhere	Marital	2	0	0	0	2	0	2	0
	Other	39	0	8	7	24	0	21	3
Total		1,125	230	514	35	346	24	265	54

TABLE VIII

THE PROMISCUITY OF FEMALE CONTACTS ATTENDING WITH
GONORRHOEA

Named by 1 man	...	228
Named by 2 men	...	24
Named by 3 men	...	8
Named by 4 men	...	0
Named by 5 men	...	3
Named by 6 men	...	1
		<hr/> 264

TABLE IX

THE DIAGNOSIS OF CONTACTS ATTENDING THE CLINIC

Sex		Syphilis	Gonorrhoea	Other Venereal Infections	Non Venereal Conditions	Total
Male	...	0	27	9	5	41
Female	...	4	263	44	35	346
Total	...	4	290	53	40	387

TABLE X

ATTEMPTS TO GET DEFAULTERS TO RE-ATTEND IN 1968

Sex		Diagnosis	Nos. at Risk	Default Episodes	Re-attending No.	%	Efforts Visits	Needed Letters
Male		Gonorrhoea	1,328	571	261	46	0	643
		Contagious Syphilis	116	69	44	64	0	91
		Late Syphilis	...	52	48	92	0	66
		Congenital Syphilis	9	0	0	0	0	0
		Totals	...	1,593	692	353	51	800
Female		Gonorrhoea	...	595	566	200	35	438
		Contagious Syphilis	...	43	25	13	52	22
		Late Syphilis	...	89	8	4	50	9
		Congenital Syphilis	...	47	8	6	75	6
		Total	...	774	607	223	37	475

SECTION IX

MENTAL SERVICES

In the 1962 report on mental services it was stated that one of the most urgent needs was to provide day centres for mentally defective children excluded from the educational system. The staff for such a centre received special training in 1964 and the first centre was opened in 1965 in an old building at Broomhill adapted for the purpose. The places provided there only met a small part of the demand. In the hope of providing additional accommodation more quickly plans were then made for two further centres in prefabricated buildings. These were passed by the Corporation in 1967 and finally in the closing days of 1968 Government approval was given to commence one of these buildings.

Back in 1962 the help given to the parents was much in mind. With more experience, this important aspect is obviously secondary to the management and treatment of the children. This management and treatment must be started at an early age. There are few things more pathetic than the child of eight years, say, whose only companions and playmates are adults. The aim is maximum independence and minimum disability. Toilet training is a first essential. The child should be able to dress and feed himself. The hyperkinetic child, restless and aggressive, must be treated, and the epileptic. Dealing with concomitant disabilities, speech therapy and physiotherapy come into effect. Carrying a child or wheeling him in a chair are poor substitutes for teaching him to walk. These are all matters which must be attended to before training and occupational therapy can be fully utilised. Some children can be passed on for educational training at the age of five but others require a few years extra.

In our Balvicar and Broomhill Centres we have been working towards this end with some success. We have dealt with children unacceptable to the Education Department and established a two-way flow of children to and from this Department, albeit in inadequate numbers.

TRAINING OF STAFF

Four medical officers attended the course on Mental Deficiency which has been held in Glasgow for a number of years. The companion course for medical officers in Psychiatry was cancelled due to lack of support.

Two doctors attended a course in Developmental Paediatrics and others attended seminars dealing with The Disturbed Child, Preventive Psychiatry, Alcoholism and Drug Addiction.

Several welfare officers went for instruction to Aberdeen and Edinburgh where courses were organised for mental health officers.

No full-time course was held in Glasgow for the health visitors engaging in Mental After-Care.

CARE OF MENTAL DEFECTIVES.

Child Development Clinics—Two medical officers now work at Glenfarg Street with an increase of sessions from three to five per week. Extra sessions are held if necessary and a psychologist attends once per month to help with the assessments. At the Balvicar Centre in addition to the full-time medical officer a psychologist does a weekly session.

			1968	1967
	Male	Female	Both Sexes	Both Sexes
New Patients Attending ...	119	71	190	128
Total Patients Attending ...	296	229	525	308
Total Attendances ...	508	327	907	672

The numbers show a considerable increase in children and parents profiting from this work. Clinic attendances are supplemented by home visits to give continuing care.

Three part-time health visitors are based on the Balvicar Centre and one full-time on Glenfarg Street. These four paid 1,009 home visits during the year. This is an excellent community health service.

Balvicar Nursery Centre—The 25 places at this centre are always fully occupied. The system of two overlapping shifts to make use of the limited accommodation has been discussed in previous Reports. There were 17 boys and eight girls on the roll at the end of 1968. The average attendance during the year was 20.7 children per day. Seventeen children left the nursery during the year; six went to Junior Occupation Centres and three to Special Schools. Four were transferred to ordinary day nurseries, two had to go home on reaching five years of age and the other two removed out of the area.

Broomhill Nursery and Junior Centre—Because the need is so great, the capacity of this centre keeps being stretched, from 37 children in 1966 to 40 in 1967 and 42 in 1968. A waiting list is kept which has thirty names on it and includes only children living north of the river.

This is a doubtful comfort for the parents as some children have now been waiting for more than two years.

	1968			1967		
	Male	Female	Both Sexes	Male	Female	Both Sexes
Under 5 years	11	10	21	10	7	17
Over 5 years	13	8	21	11	12	23
Total	<u>24</u>	<u>18</u>	<u>42</u>	<u>21</u>	<u>19</u>	<u>40</u>

During the year seven children were accepted by the Education Department—five for Junior Occupation Centres, one for a physically handicapped school and one for an ordinary school. Two children were admitted to institutional care. One girl of twelve years was discharged home, being the oldest child that has so far attended this centre. She will have to wait a few years before admission to a senior centre would normally take place.

Laurieston House Centre—This voluntary centre run by the Scottish Society for Mentally Handicapped Children continues to fill the gap in local authority services, especially as regards school age children. Ten of the 29 children excluded from school in 1968 under Section 65 of the Education (Scotland) Act, 1962, attended Laurieston House.

	Male	Female	Both Sexes
Under 5 years ...	22	14	36
Over 5 years ...	34	27	61
Total ...	<u>56</u>	<u>41</u>	<u>97</u>

It will be seen that the capacity of the centre of 20 children on each of five days is almost fully taken. Nevertheless, where possible, a few children are given a second day. The workers of the Society also help the parents by home visitation, advising them of such things as social meetings and holiday homes.

The placement of the 25 children who left the centre during 1968 illustrates the co-operation with other services.

Admitted to Broomhill Centre ...	5
Admitted to Balvicar Centre ...	4
Admitted to Occupational Centres (Education) ...	3
Admitted to Institutional Care ...	5
	<u>17</u>

Three children were withdrawn by their parents, three removed from the area and two died.

Short-Stay Homes—An increasing number of Glasgow children are benefitting from a holiday at these homes run by the Scottish Society. At the Stewart Home, Cove, 217 girls and young children were accommodated and at Viewpark, Alyth, 63 boys.

DEFECTIVES UNDER GUARDIANSHIP AND INFORMAL CARE

There seems to be a growing weight of opinion against boarding out with unrelated guardians. The alternative for City defectives is hostel, combined with work centre in some cases. This would seem a poor alternative to the more successful boarding out placements. There are obvious disadvantages for mental defectives at large in a big city. There are great advantages if they find real homes in rural areas as many of Glasgow's cases have in the past.

The numbers under guardianship at the end of 1968 are compared with similar figures for 1967.

			Mental Defectives		Mentally Ill	
			1968	1967	1968	1967
Guardianship in Glasgow :	Male ...		119	133	3	1
	Female ...		103	109	3	3
Guardianship out of Glasgow :	Male ...		86	90	4	7
	Female ...		58	59	2	4
Total on Roll :	Male ...		205	223	7	8
	Female ...		161	168	5	7
Both Sexes			<u>366</u>	<u>391</u>	<u>12</u>	<u>15</u>

The number of adult mental defectives in the informal category who are receiving care shows a decrease compared with the previous year.

		1968	1967
Male ...	...	321	338
Female ...	...	352	357
Both Sexes ...		<u>673</u>	<u>695</u>

These figures refer to the work of the section traditionally known as the Mental Welfare Section. In addition there is the work of the health visitors with children mentioned above and that of the After-Care Section mentioned in the Welfare part of the Annual Report. This section deals with handicapped school-leavers.

The visits to the patients under the care of the Mental Welfare Section were :—

		Medical Officers	Mental Welfare Officers	Total
Patients under Guardianship	...	1,238	953	2,191
Patients under Informal Care	...	1,442	1,026	2,468
		<u>2,680</u>	<u>1,979</u>	<u>4,659</u>

CARE OF THE MENTALLY ILL

Medical Officers of the Department were asked to examine 16 mentally ill people and certification was proceeded with in 14 of these. This compares with 22 such certifications in 1967 and 19 in 1966.

AFTER CARE BY HEALTH VISITORS

Prior to the introduction of the Mental Health (Scotland) Act, 1962, discussions were held in Glasgow about community care of the mentally ill. Among those present were hospital psychiatrists, the Medical Officer of Health and the Principal Welfare Services Officer. The problem was the acute shortage of social workers in the hospital and local authority services. The solution was to train selected health visitors for the work. The community care of the mentally ill has therefore been done, very largely, by these health visitors, who because of their special training and previous experience of home visiting, have done a very expert job. One disadvantage has been the lack of male personnel in this field. The male mental health officers have carried out their statutory duties and come in contact with a relatively small number of mentally ill persons in their general welfare work. Presumably this will eventually be changed under the Social Work (Scotland) Act, 1968, but for some years the number of trained social workers cannot provide an adequate service.

Two health visitors were withdrawn from this service early in 1968 and another stopped work in December so that the strength was reduced from 19 at the beginning of the year to 16 at the end. As mentioned above, no training course was held and no replacements were available. In spite of this reduction in strength, 474 patients were being visited at the end of the year as compared with 471 at the end of 1967.

	Male	Female	Both Sexes
Discharged from Hospital	81	321	402
Referred from Out-Patient Clinics	4	68	72
	<u>85</u>	<u>389</u>	<u>474</u>

Again as in previous years the ratio of female to male patients is about 4.5 to 1. The average case load for the 16 health visitors is close to 30 patients each. This is considerably higher than in previous years. In 1967 the average was only 25 per visitor.

There were 529 new referrals (105 men and 424 women). This is 27 less than in 1967 but with fewer workers each was taking on some 30 new patients, well up to the usual average. These figures refer to half-time work in after-care.

The following table is a diagnostic classification of the cases in care at the end of the year. It no doubt gives a somewhat simplified picture of psychiatric diagnosis.

	Male	Female	Both Sexes
Schizophrenia ...	32	100	132
Affective Psychosis	14	101	115
Psychoneurosis ...	21	135	156
Organic States ...	8	13	21
Geriatric	1	16	17
Addiction	6	13	19
Others	3	11	14
	<hr/> 85	<hr/> 389	<hr/> 474

The diagnostic distribution in males shows little change from 1967. Among females there were 19 more cases in 1968 classified " Affective Psychosis " balanced by smaller decreases in some other categories.

The after-care visits in 1968 totalled 7,196, 80 more than in 1967. The number under care and the visits paid would suggest that the health visitors are profiting from several years' in-service training. With increased facility they are able to cover more ground. This explanation is preferred to the alternative one that they are spending more time on their mental work.

Social Clubs—The two social clubs held in connection with Woodilee and the Eastern District Hospital continue to prosper. They are held in the Fernbank Street and Orr Street Child Welfare Clinics and the health visitors are responsible for much of the work. Varied programmes take place on one evening per week in winter and outings are organised.

SECTION X

BLIND PERSONS

In 1968, in the Area of the Joint Committee for the Blind for Glasgow and South-West Scotland, 1,257 persons were examined, 583 (46·3 per cent.) at home, of whom 851 (67·7 per cent.) were first examinations.

Of the persons examined for the first time, 498 (58·5 per cent.) were certified blind and 268 (31·5 per cent.) partially sighted. Of those re-examined 156 (38·4 per cent.) were certified blind and 202 (49·8 per cent.) partially sighted.

Table I gives the age and sex distribution of persons certified blind during the year either at a first examination or on re-examination and of persons certified partially-sighted when first examined.

TABLE I

*Age and Sex Distribution of
Persons Certified Blind during 1968 or,
when first examined, certified partially-sighted*

Age in Years	Initial Examinations						Re-Examinations		
	Certified Blind			Certified Partially Sighted			Certified Blind		
	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
2-4 ...	4	5	9	1	1	2	2	—	2
5-15 ...	3	2	5	6	4	10	5	6	11
16-29 ...	8	4	12	4	4	8	4	2	6
30-39 ...	4	3	7	5	2	7	6	—	6
40-49 ...	10	8	18	4	4	8	2	3	5
50-59 ...	20	23	43	8	13	21	4	7	11
60-69 ...	32	59	91	15	43	58	12	26	38
70- ...	94	219	313	46	108	154	19	58	77
	<u>175</u>	<u>323</u>	<u>498</u>	<u>89</u>	<u>179</u>	<u>268</u>	<u>54</u>	<u>102</u>	<u>156</u>

Of the 1,257 persons examined in 1968, 36·8 per cent. resided in Glasgow, 35·0 per cent. of first examinations and 40·6 per cent. of re-examinations, the corresponding percentages for Lanarkshire being 20·3 per cent., 21·6 per cent. and 17·5 per cent.

The local authority area distribution of persons examined for the first time is given in Table II.

TABLE II

*Initial Examinations, 1968**Local Authority Distribution*

Local Authority	Certified Blind			Certified Partially Sighted			Not Certified		
	Males	Females	Both Sexes	Males	Females	Both Sexes	Males	Females	Both Sexes
Glasgow	56	102	158	41	67	108	11	21	32
Airdrie	5	6	11	—	4	4	1	1	—
Coatbridge	3	5	8	4	2	6	—	4	4
Hamilton	—	3	3	—	3	3	2	1	3
Motherwell and Wishaw	7	13	20	5	7	12	1	2	3
Rutherglen	—	6	6	1	3	4	—	—	—
Other Lanarkshire	21	40	61	10	16	26	3	5	8
Greenock	8	21	29	1	7	8	—	—	—
Paisley	3	13	16	4	11	15	1	7	8
Port Glasgow	2	4	6	1	2	3	2	—	2
Other Renfrewshire	9	13	22	3	8	11	—	3	3
Dumbarton	1	3	4	1	5	6	1	—	1
Clydebank	1	4	5	—	2	2	—	1	1
Other Dunbartonshire	6	9	15	2	4	6	2	2	4
Falkirk	2	4	6	3	3	6	1	—	1
Stirling	6	4	10	—	2	2	1	2	3
Other Stirlingshire	9	13	22	4	7	11	1	—	1
Ayr	2	7	9	2	2	4	—	1	1
Kilmarnock	5	6	11	—	1	1	—	—	—
Other Ayrshire	18	23	41	5	17	22	1	6	7
Argyll County	6	14	20	1	3	4	—	1	1
Bute County	—	3	3	1	1	2	—	—	—
Dumfries Burgh	5	7	12	—	2	2	—	—	—
	<u>175</u>	<u>323</u>	<u>498</u>	<u>89</u>	<u>179</u>	<u>268</u>	<u>28</u>	<u>57</u>	<u>85</u>

Of the 406 persons re-examined during the year at the request of the examining surgeon or at their own request or following altered circumstances, there was no change in the classification of 292 persons of whom 51 were blind. Of the 114 blind persons in whom the classification was changed 105 were now found to be blind.

The causes of blindness in the persons examined are given in Table III. Cataract (27·2 per cent.), arteriosclerosis (16·7 per cent.), glaucoma (11·9 per cent.), myopia (11·5 per cent.), diabetes (8·0 per cent.), and congenital abnormalities (8·6 per cent.) accounted for 83·9 per cent. of all causes of blindness in persons examined.

TABLE III

*Initial and Re-Examinations, 1968**Causes of Blindness*

						Initial Examina- tions	Re- Examina- tions
<i>Congenital and Undetermined—</i>							
Congenital Abnormalities	...	...	...	...	...	43	13
Myopia	...	...	...	...	...	54	21
Glaucoma—Primary	...	...	...	...	...	64	14
Cataract—Primary	...	...	...	...	...	132	46
Others	...	...	...	...	...	12	1
<i>Infectious and Toxic—</i>							
Exogenous : Ophthalmic Neonatorum	...	...	...	...	...	1	—
Others	...	...	...	...	...	1	2
Endogenous : Syphilis, Congenital	...	...	...	...	...	1	1
Syphilis, Acquired	...	...	...	...	...	1	—
Others	...	...	...	...	...	12	9
Traumatic and Chemical	...	...	...	...	...	11	6
<i>Systemic Diseases—</i>							
Diabetes	...	...	...	...	...	38	14
Arterio-sclerosis	...	...	...	...	...	92	17
Cerebral Arterio-sclerosis	...	...	...	...	...	6	1
Intracranial Neoplasm	...	...	...	...	...	5	—
Others	...	...	...	...	...	22	11
Not Otherwise Classified	...	...	...	...	...	3	—
						<hr/> 498	<hr/> 156

FOLLOW-UP SCHEME

This scheme deals with those patients examined at the Regional Clinic and considered by the examining surgeons as likely to benefit from further treatment. With the co-operation of the Society for the Blind, home teachers enquire and report as to the treatment and progress of these patients. When operative or other treatment has been completed the patient is re-examined and any improvement noted, except for these few cases where treatment was recommended for systemic disease and where the eye condition was irremediable and not amenable to treatment.

TABLE IV

*Follow-up Scheme of Persons considered likely to
benefit from Medical or Surgical Treatment or from
the Continuation of such Treatment*

(i) *Blind*

	Treatment Carried Out				Treatment not Carried Out				Follow-up not yet Complete	Total
	Still Blind	Now Partially Sighted	Now Sighted	Not Yet Re-exam.	Dead	Unfit	Unwilling	Others		
Surgical	4	1	2	11	9	13	38	—	20	98
Medical	—	—	—	—	—	—	—	—	—	—
	<u>4</u>	<u>1</u>	<u>2</u>	<u>11</u>	<u>9</u>	<u>13</u>	<u>38</u>	<u>—</u>	<u>20</u>	<u>98</u>

(ii) *Partially Sighted*

	Still P.S.	Treatment Carried Out			Treatment Not Carried Out				Follow-up not yet Complete	Total
		Now Blind	Now Sighted	Not Yet Re-exam.	Dead	Unfit	Un- willing	Others		
Surgical	—	—	1	1	—	—	1	—	—	3
Medical	—	—	—	—	—	—	—	—	—	—
	—	—	1	1	—	—	1	—	—	3
	<u>—</u>	<u>—</u>	<u>1</u>	<u>1</u>	<u>—</u>	<u>—</u>	<u>1</u>	<u>—</u>	<u>—</u>	<u>3</u>

The group “unwilling” is comprised mainly of elderly persons who, owing to their advanced age, do not feel inclined to undergo an operation.

In the group “others” are included patients who for medical reasons are not yet ready for operative procedures.

SECTION XI

PORT HEALTH AUTHORITY

The installation of two main container depots within a twenty-mile radius of Glasgow has entailed some change in the present procedure for the examination of imported foodstuffs.

Whereas in the past all imported foodstuffs were subject to routine examination by the port food inspectors at the docks, all foodstuffs in containers now go direct to the inland authorities in whose areas these depots are situated.

A special berth for landing these containers has been developed down-river at Greenock and will soon be in full operation for this type of traffic.

There has been a gradual decrease in the coastal traffic during the past few years and the recent withdrawal of the Burns and Laird passenger and cargo trade from Glasgow to Ardrossan has accelerated this decline.

Three thousand and seven vessels with an aggregate tonnage of 6,035,936 entered the port during 1968 compared with 3,167 vessels and 6,051,081 in 1967.

One thousand, three hundred and thirty-nine vessels came from foreign ports, 569 of them from ports in infected areas (183 direct and 386 via home ports). The remaining 770 vessels came from foreign ports in non-infected areas.

Particulars of arrivals are given in the following tables :—

NATIONALITY OF VESSELS ARRIVING DURING 1968

Nationality				Ships	Crews	Passengers
American	...	...	...	19	892	14
Belgian	...	...	...	6	170	—
British	...	...	...	667	29,318	156
Cypriot	...	...	...	4	82	—
Danish	...	...	...	60	1,133	10
Dutch	...	...	...	126	1,581	13
Egyptian	...	...	...	1	32	—
Eire	...	...	...	3	132	—
Finnish	...	...	...	4	145	5
French	...	...	...	11	294	2
German	...	...	...	107	1,632	8
Ghanian	...	...	...	1	57	—
<i>Carried forward</i>				1,009	35,468	208

NATIONALITY OF VESSELS ARRIVING DURING 1968—*Continued*

Nationality				Ships	Crews	Passengers
<i>Brought forward</i>				1,009	35,468	208
Gibraltar	...	...	...	1	42	—
Greek	...	...	...	29	851	9
Icelandic	...	...	...	2	27	4
Indian	...	...	...	9	558	—
Iranian	...	...	...	1	50	—
Israeli	...	...	...	3	98	7
Italian	...	...	...	22	639	2
Japanese	...	...	...	2	81	—
Kenyan	...	...	...	1	43	—
Kuwait	...	...	...	1	49	—
Lebanese	...	...	...	1	28	—
Liberian	...	...	...	55	1,812	—
Monrovia	...	...	...	3	60	—
Nigerian	...	...	...	4	199	—
Norwegian	...	...	...	100	3,101	24
Pakistani	...	...	...	4	216	—
Panamanian	...	...	...	15	545	—
Polish	...	...	...	3	95	—
Rumanian	...	...	...	2	68	—
South African	...	...	...	10	497	—
Spanish	...	...	...	3	75	—
Swedish	...	...	...	36	1,254	5
Swiss	...	...	...	2	71	—
U.A.R.	...	...	...	2	66	—
U.S.S.R.	...	...	...	10	368	—
Yugo-Slav	...	...	...	9	255	—
				<u>1,339</u>	<u>46,616</u>	<u>259</u>

PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS, 1966

Only a few minor cases of illness were reported during the year.

Dysentery.—Two seamen, an American with clinical dysentery and an Indian with amoebic dysentery, were admitted to hospital.

Infective Hepatitis.—A case of infective hepatitis from an oil tanker at Old Kilpatrick was transferred from the Western Infirmary to Ruchill Hospital for treatment.

CASES OF ILLNESS REPORTED ON VESSELS ON ARRIVAL AT GLASGOW

Disease	Hospital	Home	Clinic	Remained on Board	Died	Total
Dysentery	2	—	—	—	—	2
Infective Hepatitis	1	—	—	—	—	1
Others	1	3	1	5	—	10
	<u>4</u>	<u>3</u>	<u>1</u>	<u>5</u>	<u>—</u>	<u>13</u>

CASES OF ILLNESS REPORTED OCCURRING ON VESSELS DURING THE VOYAGE

Chickenpox (4 cases) :	1 to hospital at Liverpool ; 3 recovered on board.
Infective Jaundice :	1 to hospital at Greenock.
Pleurisy :	1 to hospital at Las Palmas.
Pulmonary Tuberculosis (3 Cases) :	1 to hospital at Grangemouth ; 2 remaining on board to Liverpool.
Stomach ulcers :	1 to hospital at Dublin.

WATER SUPPLY

Routine water sampling is carried out from vessels and water points in the various dock areas.

Reports are received from other coastal authorities if drinking water supplies have been found contaminated on board vessels calling at ports in their area. Details of remedial work in hand and still to be completed are passed on to the next port and sampling procedure is continued until the final samples are reported suitable for dietetic purposes.

(a) Chemical

Thirteen samples of water from dock hydrants and vessels were examined and all reported suitable for dietetic purposes.

(b) Bacteriological

Sixty samples from water points and vessels were examined and all but one reported as satisfactory. The master of the vessel was advised to clean and cement wash the domestic water tanks.

Copies of all reports on the examination of drinking water samples taken on board British vessels are forwarded to the Board of Trade Provisions Inspector.

ALIENS ORDER, 1953

There was a decrease both in the number of vessels carrying alien passengers and in the number of aliens landed at the port. The comparable figures for the year 1968 were 63 vessels with 128 alien passengers as against 81 vessels and 150 passengers during the previous year.

The following table shows the number and nationality of aliens arriving at the port :—

American	...	...	...	...	...	18
Belgian	...	...	...	...	...	4
Danish	...	...	...	...	...	10
Dutch	...	...	...	...	...	15
Finnish	...	...	...	...	...	7
French	...	...	...	...	...	2
German	...	...	...	...	...	16
Greek	...	...	...	...	...	10
Icelandic	...	...	...	...	...	4
Indonesian	...	...	...	...	...	1
Israeli	...	...	...	...	...	5
Italian	...	...	...	...	...	2
Japanese	...	...	...	...	...	1
Norwegian	...	...	...	...	...	24
Russian	...	...	...	...	...	2
Swedish	...	...	...	...	...	7
						<hr/> 128 <hr/>

MEDICAL EXAMINATION OF ALIENS AND COMMONWEALTH IMMIGRANTS

Shipping Companies give advance notice of all passengers on incoming vessels. The Port Medical Officer on duty is notified of the number of passengers expected, name of vessel, docking area and time of disembarkation. Close co-operation is maintained with H.M. Immigration Officers.

There were no rejections on medical grounds during the year.

HYGIENE IN CREW'S ACCOMMODATION

Improvements in crew accommodation and catering facilities on board vessels continue.

Any small defects notified to the officer on duty on British vessels are promptly dealt with, but some difficulty can be experienced with foreign-owned vessels. An intimation in writing to the master is usually effective ; but if remedial work is not carried out at this port the information is forwarded to the next port of call on the coastal voyage.

SUMMARY OF STRUCTURAL AND OTHER DEFECTS

Accumulation of refuse on decks	...	...	28
Accumulation of refuse on floors	...	...	2
Drinking water tanks requiring cleansing	...	...	1
Food lockers broken or dirty	...	...	4
Galleys dirty	...	...	24

SUMMARY OF STRUCTURAL AND OTHER DEFECTS—*Continued*

Messroom tables—surfaces broken or dirty ...	3
Paintwork dirty—requiring cleansing and re-painting	1
Quarters—dirty	2
Quarters—verminous	65
Scuppers choked	24
Ventilation defective	2
Wash basins—broken or defective	3
Wash basins—foul or dirty	2
Water closets—flushing apparatus defective ...	3
Water closets—foul or choked	9
Water closets—seats broken	1

IMMUNISATION OF SEAMEN

The Port Medical Staff provided yellow fever immunisation for 17 seamen on board one vessel. Shipping companies requesting immunisation for seamen are usually dealt with at the clinic on Tuesdays and Fridays at 14.30 hours or by special arrangement on board ship.

DANGEROUS DRUGS

During the year two applications were received from a local firm of chemists to authorise the purchase of scheduled drugs by masters of foreign-owned vessels restocking their medical stores whilst in port.

VENEREAL DISEASE

The Southern General Hospital and Black Street Clinics continue to operate as follows :—

Monday to Friday	—	9.30 a.m. to 12.30 p.m. 2.00 p.m. to 6.30 p.m.
Saturday	—	9.30 a.m. to 12 noon.

HYGIENE AND SANITATION IN DOCK AREAS

Regular and systematic inspection of w.c. accommodation is carried out in all dock areas. Modernisation in certain dock areas has ceased as a result of the proposed run-down of some docks in the upper reaches of the river.

Cleansing of food cargo sheds has always been difficult to enforce for the simple reason that the sheds are seldom completely empty and therefore washing out with water is impracticable. Mechanical sweepers are now being employed but these too have certain disadvantages, the most serious being possible contamination with chemicals, lamp-black and anthrax spores (from cargoes of hides, bones, etc.).

The nuisance created by feral pigeons at the docks is one of a recurring nature. All kinds of remedial measures have been taken, but there seems to be no complete answer to the nuisance.

Several letters, intimations and verbal warnings for nuisances in dock areas were sent out to the Clyde Port Authority and dealt with immediately.

FACTORIES ACT, 1961

The following table shows the number of premises and the number of visits made to factories in the dock areas :—

No. of Premises Registered at 31.12.68			No. of Premises Inspected during Year			No. of Visits		
Mech.	Non-Mech.	Total	Mech.	Non-Mech.	Total	Mech.	Non-Mech.	Total
14	1	15	14	1	15	28	1	29

THE FOOD HYGIENE (SCOTLAND) REGULATIONS, 1959-66

Three intimations were sent out to the owners of canteen establishments in dock areas requesting immediate attention to contraventions of the Regulations. The requirements, either of a structural or non-structural character, were all promptly dealt with.

No. of Premises	No. of Premises Inspected	No. of Visits
5	5	48

RAT DESTRUCTION

During the past decade the number of fumigations carried out on vessels has decreased considerably. The decline in the use of hydrogen cyanide, due to difficulties in obtaining supplies and the inability to maintain qualified personnel to act under the Hydrogen Cyanide Regulations, has forced Port Health Authorities and fumigation firms to adopt an alternative fumigant for use in the destruction of rats on vessels.

Methyl bromide has successfully been tried out by several Port Health Authorities and found to be equal in effect to hydrogen cyanide. Concentration and period of exposure are increased, but there are certain advantages in the use of methyl bromide—it leaves very little harmful residue and very little odour or taint. Any small amount absorbed into foodstuffs is mainly converted into organic bromides in quantities that are not considered dangerous. It is also low for solubility in water and fumigations can be safely carried out when commodities have a relatively high moisture content.

The total number of rats destroyed during the year was 136. Of that total, 70 were destroyed on board foreign-going vessels—58 as a result of fumigations and 12 by trapping.

Thirty-five specimens of rats, 7 from ships and 28 from shore premises at the docks, were submitted to the bacteriologist for examination for *Pasteurella Pestis* and all were reported negative.

The rodent operators made 2,444 visits to vessels and 2,007 visits to shore premises in dock areas where evidence of rats was found in 80 instances. Traps were set on these premises and 66 rats were caught.

ON BOARD FOREIGN-GOING VESSELS

Method of Destruction			Infected Ports				Non-Infected Ports				Total
			R. Rattus		R. Norvegicus		R. Rattus		R. Norvegicus		
			M.	F.	M.	F.	M.	F.	M.	F.	
H.C.N.	...	...	27	17	—	—	—	—	—	—	44
Methyl Bromide	...	...	8	6	—	—	—	—	—	—	14
Trapping	...	...	7	5	—	—	—	—	—	—	12
			42	28	—	—	—	—	—	—	70

IN SHEDS AND OTHER PREMISES

		Male	Female	Total
R. Rattus	...	29	7	36
R. Norvegicus	...	22	8	30
		—	—	—
		51	15	66
		—	—	—

INTERNATIONAL DERATTING AND DERATTING EXEMPTION CERTIFICATES

The total number of certificates issued during the year was 312.

Deratting Certificates were issued to five vessels, two after fumigation with Methyl Bromide Gas and three with H.C.N. Gas. Deratting Exemption Certificates were issued to the remaining 307 vessels.

Seven Exemption Certificates were issued to new vessels at the request of the builders or shipping companies and thirty-seven Exemption Certificates to vessels berthed at outlying ports at Ardrossan, Bowling, Dumbarton, Dunglass, Finnart, Irvine, Old Kilpatrick, Tail-of-the-Bank (Greenock) and Troon.

PREVENTION OF DAMAGE BY PESTS ACT, 1949, AND APPLICATION TO SHIPPING ORDER, 1951-56

Rodent Control Exemption Certificates were issued to 24 coasting vessels during the year.

RAGS, HAIR, HIDES AND BONES

Seventy-three samples of bones, hides and hair were submitted for bacteriological examination for anthrax. Only five bone samples were reported positive. This information is passed to H.M. Inspector of Factories and all parties concerned.

The following table shows the amount of imported rags, hairs, hides, bones, wool and dried blood with the country of origin :—

Country of Origin	Rags		Hair		Hides		Bones		Wool		Dried Blood	
	Ships	Bundles	Ships	Bundles	Ships	Bundles	Ships	Bundles	Ships	Bundles	Ships	Bundles
Australia	...	—	—	—	14	4,270	—	—	13	7,604	—	—
Belgium	...	—	—	—	—	—	—	—	1	1	—	—
Canada	...	—	3	160	5	4,670	—	—	—	—	1	200
Cyprus	...	—	—	—	—	—	1	423	—	—	—	—
Egypt	...	2	—	—	—	—	—	—	—	—	—	—
France	...	—	—	—	1	8	—	—	—	—	—	—
Guyana	...	—	1	4	—	—	—	—	—	—	—	—
India	...	3	5	65	6	764	18	59,736	15	16,989	—	—
Ireland	...	5	6	36	1	1	—	—	34	697	—	—
Italy	...	—	—	—	1	14	—	—	2	49	—	—
Japan	...	1	1	13	4	1,196	—	—	8	1,799	—	—
Kenya	...	—	—	—	3	174	—	—	—	—	3	1,100
Lebanon	...	—	—	—	—	—	1	800	—	—	—	—
Malaya	...	—	—	—	—	—	—	—	1	190	—	—
New Zealand	...	—	—	—	5	187	—	—	8	2,584	1	1,000
Pakistan	...	—	—	—	—	—	2	2,068	1	759	—	—
Portugal	...	—	—	—	—	—	3	4,200	—	—	—	—
S. Africa	...	—	—	—	8	1,031	3	3,605	8	1,759	—	—
S. America	...	2	1	28	3	203	1	19,969	2	95	1	127
Spain	...	—	—	—	1	250	1	1,400	3	96	—	—
Tanzania	...	—	—	—	1	44	—	—	—	—	—	—
U.S.A.	...	—	3	193	6	253	—	—	1	44	—	—
West Indies	...	—	1	7	—	—	—	—	—	—	—	—

PUBLIC HEALTH (IMPORTED FOODS) (SCOTLAND) REGULATIONS, 1968

There was a decrease in the tonnage of imported foodstuffs over the year of 172,800 tons and coastwise cargoes were also reduced.

Consignments of beans, lentils, flour, nuts and oranges were found to have been contaminated with oil, insects, sodium dichromate and diesel oil respectively.

Eight hundred and fifty-one samples of foodstuffs were submitted to the Bacteriologist and only one was reported as unfit (due to a bacterial breakdown in the contents of the can).

Six hundred and ninety-three samples of foodstuffs were submitted to the City Analyst and 44 were reported as unsatisfactory in their present state or unfit for human consumption.

A total of 183 tons of imported foodstuffs was condemned to be destroyed unless in certain circumstances where the product could be diverted for animal feeding or industrial purposes. It was necessary to obtain an undertaking in writing from the purchaser limiting the use of any such items for specific purposes. Information on the movement of any rejected foodstuffs to areas outside our control was notified to the Medical Officer for these areas.

One or two consignments of Solid Pack Apples from New Zealand were subject to 100 per cent. examination. The cans showed a "blown" appearance and many of them were found to have burst. The side seam of some batches of the cans in these consignments appeared to be faulty and fermentation of the contents was widespread.

A consignment of Dehydrated Red Peppers and Leek Flakes was infested with insects. The consignment was fumigated before exportation to the country of origin.

Chinese and Indian provisions continue to contravene the Regulations which define the standards for imported foodstuffs. Every endeavour is being made to improve this situation, but progress is slow.

REJECTED SHIP STORES

Any provisions rejected by the Board of Trade Provision Inspectors were landed and dealt with by the Customs Landing Officers and the Port Food Inspectors. These items were either condemned outright or, on agreement by the shipping companies, used for animal feeding or industrial purposes under similar conditions as condemned imported foodstuffs.

PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD)
(SCOTLAND) REGULATIONS, 1962

There were only a few imports, principally fruit juices and pulp, which contained excess preservatives. An undertaking was requested from the manufacturers to ensure that their products would be made to comply with the provisions of these regulations.

An unusual problem arose over the importation of a consignment of Dried Torula Yeast. The City Analyst reported that this sample contained 160 p.p.m. of SO_2 , which is not permitted under the regulations. The yeast is apparently produced on a sulphite liquor base and sulphur dioxide content is inevitable in consequence. The amount of yeast that would be used on the manufacturer's product would only be 0.12 per cent. and was therefore acceptable in this instance, especially as the SO_2 had not been added as a preservative.

COLOURING MATTER IN FOOD (SCOTLAND)
REGULATIONS, 1966

One or two importations of Chinese provisions were reported to contain non-permitted colouring matter. The attention of the importer was drawn to these contraventions and the consignments involved were ultimately exported to the country of origin.

OFFICIAL CERTIFICATES FOR IMPORTED MEAT PRODUCTS

There were no infringements during the year.

Three shipments of bulk lard were received from the Continent accompanied with the required documents.

The documentation in connection with "Official Certificates" published in the form of lists of approved establishments is increasing each year and has now reached such proportions that it is becoming increasingly difficult to keep the inspectors informed of the continual changes in the establishment numbers in all parts of the world.

EXCHANGE OF INFORMATION

The interchange of information on unsatisfactory imported food-stuffs at the various home ports is valuable and could perhaps be extended.

PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS (SCOTLAND) 1968

The following statement (submitted by the Corporation Veterinary Inspector) indicates the work done under the Foreign Meat Regulations during 1968 :—

EXAMINED

<i>Beef—</i>				<i>Mutton Offal—</i>			
Cuts	...	...	5,653	Livers, cartons	...	...	1,577
Cartons	...	...	37,666	Stomachs, cartons	...	...	554
<i>Mutton—</i>				Kidneys, cartons	...	...	560
Carcases	...	...	9,650	Casings, tierces	...	...	223
Cuts	...	...	1,257	Mixed Offal, bags	...	...	1,021
Cartons	...	...	4,956	<i>Lamb Offal—</i>			
<i>Lamb—</i>				Livers, cartons	...	...	18,929
Carcases	...	...	63,341	Kidneys, bags	...	...	276
<i>Pork—</i>				Casings, tierces	...	...	187
Cuts	...	...	393	Mixed Offal, bags	...	...	2,274
Cartons	...	...	10	<i>Pork Offal—</i>			
<i>Veal—</i>				Stomachs, cartons	...	...	1,170
Cartons	...	...	185	Gullets, cartons	...	...	2
<i>Rabbits—</i>				<i>Inedible Offal—</i>			
Cartons	...	...	2,400	for animal feeding, cartons	...	...	90,192
<i>Beef Offal—</i>				<i>Turkeys—cartons</i>			
Tongues, bags	...	...	2,923	...	...	...	400
Livers, cartons	...	...	4,176	<i>Turkey Breasts—cartons</i>			
Kidneys, cartons	...	...	20	...	...	...	250
Spleens, cartons	...	...	756	<i>Turkey Portions—cartons</i>			
Pancreas, cartons	...	...	645	...	...	...	50
Tails, cartons	...	...	6,337	<i>Condemned</i>			
Casings, tierces	...	...	35	<i>Beef—cuts</i>	...	...	1
Mixed Offal, bags	...	...	3,014	<i>Mutton—carcasses</i>	...	...	2
				<i>Rabbits—cartons</i>	...	...	1

EXAMINATION FOR SALMONELLA IN IMPORTED BONELESS BEEF, MUTTON AND RABBITS

Nine hundred and thirty-five representative samples were taken. Three of these were positive, of which 1 revealed the presence of *Salmonella typhimurium* Phage-type 26, 1 *Salmonella typhimurium* Phage-type 17, and 1 *Salmonella oranienburg*. The 3 positive cartons were seized as unfit. The several parcels involved, namely, 212 cartons were allowed to go for animal feeding after processing.

SECTION XII

HOUSING

The total number of municipal houses completed during 1968 was 4,499. The following table shows the rate of completion since 1964 by the Corporation and the Scottish Special Housing Association :—

Year	Direct Labour	Con-tractors	Scottish Special Housing Assoc.	Total Municipal Houses from all Sources
1964	2,356	1,952	482	4,790
1965	2,014	2,145	601	4,760
1966	1,811	1,827	1,372	5,010
1967	1,743	2,680	1,156	5,579
1968	1,802	2,257	440	4,499

RENT ACT, 1957

Return of applications made to the Local Authority during the year :—

Applications for Certificate	...	...	...	9
Of which—				
Granted	...	...	...	2
Refused	...	...	...	—
Cancelled	...	...	...	5
Outstanding	...	...	...	2
Applications for Revocation of Certificates	...			Nil

No other certificates were issued under the Act.

REHOUSING OF TUBERCULOUS FAMILIES

TABLE I

Year	Number of Families	
	Recommended	Rehoused
1934/45	3,764	1,484
1946/55	5,459	4,372
1956/64	2,292	2,268
1965	44	32
1966	53	34
1967	30	42
1968	36	25
	11,678	8,257

TABLE II

Recommendations, 1934 to December, 1968	...	11,678
Number of Families Rehoused :—		
Rehousing ...	...	2,308
Intermediate ...	...	1,964
Ordinary } ...	...	3,482
Super Ordinary }	...	
Housing Manager's Houses and Others ...	...	180
Temporary Houses ...	...	323
Recommendations remaining but not yet Rehoused—		
Refused Offers ...	...	191
Did not reply ...	...	184
Gone away—Address unknown ...	...	508
Cancelled ...	...	909
Patient Deceased ...	...	1,592
		<hr/>
Still to be dealt with ...	...	11,641
		<hr/> 37

TABLE III

SUMMARY OF TUBERCULOUS FAMILIES REHOUSED SINCE 1934

Recom- mended	1934/58	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	Total
1934/57 ...	7,204	38	20	5	5	1	1	—	—	—	—	7,274
1958 ...	—	115	37	6	1	1	—	—	—	—	—	160
1959 ...	—	86	100	17	2	—	—	—	—	—	—	205
1960 ...	—	—	78	66	3	4	—	—	1	—	—	152
1961 ...	—	—	—	86	51	13	4	—	—	—	1	155
1962 ...	—	—	—	—	57	30	3	—	—	—	—	90
1963 ...	—	—	—	—	—	29	20	2	—	—	—	51
1964 ...	—	—	—	—	—	—	41	11	—	—	1	53
1965 ...	—	—	—	—	—	—	—	19	17	1	—	37
1966 ...	—	—	—	—	—	—	—	—	16	24	1	41
1967 ...	—	—	—	—	—	—	—	—	—	17	7	24
1968 ...	—	—	—	—	—	—	—	—	—	—	15	15
	<hr/> 7,204	<hr/> 239	<hr/> 235	<hr/> 180	<hr/> 119	<hr/> 78	<hr/> 69	<hr/> 32	<hr/> 34	<hr/> 42	<hr/> 25	<hr/> 8,257

SECOND PRIORITY SCHEME

During 1968, 422 recommendations were made under the scheme.

This figure in no way represents the amount of work involved in investigating and assessing the thousands of applications received by the Department.

DETERIORATION OF PROPERTY

During the year 5,894 dwellings were represented by the Medical Officer of Health to the Housing Committee as uninhabitable. The wastage of houses over the last ten years is shown in the following table :—

Year	Closing Order	Demoli- tion Order	To be rendered		Total
			Fit for Human Habi- tation	Slum Clear- ance	
1959/63	4,514	4,349	12	798	9,673
1964	929	1,053	—	—	1,982
1965	1,019	1,060	—	—	2,079
1966	1,194	1,293	—	—	2,487
1967	1,279	1,772	—	—	3,051
1968	2,840	3,054	—	—	5,894
	<u>11,775</u>	<u>12,581</u>	<u>12</u>	<u>798</u>	<u>25,166</u>

The number of houses condemned by the Master of Works as dangerous in 1968 was 704.

SUPERVISION OF TENANTS IN HOUSING SCHEMES

This work is now undertaken by supervisors of the Housing Management Department.

SECTION XIII

WESTERN REGIONAL HOSPITAL BOARD

THE CITY LABORATORY

When presenting the Annual Report for each of the last few years it could be thankfully recorded that, although the City Laboratory's workload had steadily increased, no major incidents of communicable disease had contributed to that increase. In 1968 the situation was very different.

The year was barely three weeks old when a considerable outbreak of food poisoning occurred at a Primary School. Early in the year also, streptococcal throat infections at an Approved School required investigation. In the spring, the mounting incidence of bacillary dysentery in a number of Children's Nurseries in the City gave cause for concern and, in May, there was a sudden outbreak of Sonne dysentery at another Primary School. But, as far as public health bacteriology was concerned, the outstanding occurrence in 1968 was the outbreak of enteritis due to *Salmonella typhimurium* phage type 32 in the late summer.

This reached epidemic proportions and persisted well into the autumn; it affected large numbers of people of all ages, in most cases, fortunately, without serious consequences, but it assailed the frail and the elderly with a severity that aroused alarm; and it added enormously to the burden of laboratory work, not least because, although the cause was identified without difficulty, tracking it back to its source became a daunting task which long baffled bacteriologists and epidemiologists alike.

The situation called for the closest possible collaboration between the Laboratory staff on the one hand, and the Medical Officer of Health and his staff on the other, and this was achieved in full measure. An early incident which, though small in itself was of very real significance, symbolised this identity of purpose. On the morning of 3rd September, realising that the number of isolations of *S.typhimurium* had risen sharply in the previous day or two, the Depute Medical Officer of Health and the Laboratory Director decided that it was time to get together for a discussion. The initiative was mutual and synchronous, so much so indeed that their first attempt to make contact was unsuccessful—each found the other's telephone number engaged, for the simple reason, as they discovered later, that they had tried to ring each other at the same precise instant! From that moment onwards

there was a constant exchange of views and information at daily (and, at times, even more frequent) informal meetings, quite apart from the twice weekly conferences convened by the Medical Officer of Health to which, along with senior members of every other department concerned, the Laboratory Director was invited. These arrangements continued for several weeks until it became clear that the outbreak had completely subsided.

It is necessary to stress this aspect because of a complaint often heard in recent years that the links between laboratories and public health departments, which were so strong thirty or forty years ago, have been weakened almost to the point of severance. Microbiologists, so it is said, are less inclined to take Medical Officers of Health into their confidence and they, for their part, are not as interested as they were in what their laboratory colleagues have to impart; communication between the two sides is alleged to have become at best perfunctory, always reticent, and at worst non-existent. How much truth there may be in these assertions is difficult to assess; conditions are bound to vary from one area to another, but few can be as competent to express an opinion on this, and none as well-placed to survey the whole scene, as Sir James Howie, Director of the Public Health Laboratory Service, and when he feels impelled to speak out on the subject there must be grounds for disquiet.

Addressing the seventh annual Symposium of the Society of Medical Officers of Health on the topic "Infectious Disease—does it still matter?", a question to which he gave the answer "it had better!" in his opening sentence, Sir James had this to say about the control of infection:—"If the Medical Officer of Health is not to have an essential part in this work I am amazed! If Medical Officers of Health agree with this view, why are they so often ignored? The laboratory is usually in the centre of such episodes; and the laboratory director is sometimes left high and dry, almost literally holding the baby". These remarks, it must be admitted, were particularly directed to *hospital* outbreaks, but, later in his address, he spoke more generally of his sad realisation "that M.O.H.'s are quietly drifting away from the position they once held as the guardians of the community against infection", and of the many reasons for this, including the fact that the "study of microbiology has been virtually removed from the instruction leading to the Diploma in Public Health"; and he concluded: "For a variety of reasons, it seems to me, the M.O.H. may feel that he is being elbowed out and is responding by opting out . . . The trouble is that in any really serious epidemic the M.O.H. must

accept his responsibility and execute the measures of control and prevention. He cannot effectively do this, however, without the close co-operation of the rest of the team, including the microbiologist, the public health inspector, and the hospital clinicians and administrators. And if the M.O.H. and the others of this team normally inhabit different worlds, the arrival of a crisis cannot be guaranteed to ensure easy co-operation and real consultation if these good habits have not been established beforehand . . . And, of course, the public health microbiologist must know personally the doctor in the local authority health department who will expect to receive from him regular situation reports and instant news of any evidence of a highly significant nature."

Well, in Glasgow there is a long tradition of close association between M.O.H., microbiologist and related specialists, including one important member of the "team" not specifically mentioned (although probably implied) by Sir James—the veterinarian. When the "crisis" came, therefore, the machinery of "easy co-operation and real consultation" was in a state of readiness; and whatever successes may have rewarded, or shortcomings stultified, the efforts made to control the outbreak, these were truly *combined* endeavours.

Here it is apposite also to acknowledge with thanks the help received from the organisation of which Sir James is himself the Director, in particular from: Dr. E. S. Anderson, of the Enteric Reference Laboratory (where salmonella phage typing is performed), who uncomplainingly dealt with hundreds of referred cultures and, for good measure, orientated his highly efficient epidemiological "intelligence network" towards the local (Scottish) situation; and Dr. Betty Hobbs, of the Food Hygiene Laboratory, who freely gave invaluable advice and assistance and spent two strenuous days in Glasgow searching every imaginable nook and cranny for the elusive source of the epidemic organism.

While all this was going on the ordinary routine work of the Laboratory continued at more or less normal pace. Not surprisingly, therefore, the total number of examinations performed was substantially larger than in previous years but, so abnormal were the events of 1968, statistical comparison would be meaningless.

COMMUNICABLE DISEASES—EPIDEMIOLOGICAL INVESTIGATIONS

Bacterial infections of the Pharynx.—The causative organism of diphtheria had not been isolated at this Laboratory in any of the previous three years, although the number of swabs examined for it had remained

fairly constant. But reports of six cases (two of them fatal) of the disease in Motherwell at the end of August gave a renewed sense of immediacy to these investigations in 1968. However, *C.diphtheriae* was not isolated from any of the 475 throat swabs examined.

Throat swabs examined for *Strep.pyogenes* were more than twice as numerous as in 1967, a total of 1,046, from 149 (14.2 per cent.) of which (cf. 30 per cent. in 1967) the organism was isolated. The tetracycline-resistance rate of the strains again declined, to 20.3 per cent. (from 47.3 per cent. in 1966 and 31.1 per cent. in 1967)—a welcome trend, this. A substantial number of these swabs were received from an Approved School where, as already stated, streptococcal infection caused some anxiety at the beginning of the year, and from a related institution where it recurred over a longer period. At the Approved School, two 14-year old boys developed rheumatic fever within about a month of each other. Although few of the residents had complained of sore throats in the preceding weeks—and no case of scarlet fever had occurred at the school during the previous year—mass swabbing was considered advisable and throat swabs were taken from 92 of the 97 pupils and from 34 members of the staff of 40 (five pupils and six staff members were absent when the swabbing was carried out). *Strep.pyogenes* was isolated from the throats of 29 of the boys and three of the staff. Of these 32 strains, three (all of them from the boys' swabs) were resistant to tetracycline but, as expected, all were penicillin-sensitive. Only seven of the 29 boys with positive swabs had a recent history of sore throat, and among them were two of the three found to be harbouring tetracycline-resistant strains of the organism.

All the pupils and staff, irrespective of their swab results, were then given a ten day course of oral penicillin and when, a week after the completion of this course, they were reswabbed the results were entirely negative. There were no more cases of rheumatic fever, nor were there any of the other sequelae of streptococcal infection, such as nephritis, despite the fact that when a small random sample of the strains were submitted to the Streptococcal Reference Laboratory they were all found to be Type 12, a recognised "nephritogenic" type. The whole incident at the school was described in detail in a paper published in the *Medical Officer* (16.8.68) by the Assistant Principal School Medical Officer for Glasgow, Dr. John Leonard only a few weeks before he died with such tragic suddenness.

"Vincent's organisms" (*B.vincenti* & *F.fusiforme*) were found in 19 out of 482 throat or mouth swabs; this compared with 24 out

of 432 in 1967, a reminder that, although "communal outbreaks" of this infection are seldom encountered nowadays, sporadic cases still occur.

Staphylococcal Infections.—Of the 241 strains of *Staph.aureus* isolated from pus swabs, sputa, nose and throat swabs, etc. 172 (7·4 per cent.) were resistant to penicillin (cf. 73·5 per cent. of 140 strains in 1967).

Glandular Fever.—A positive result (i.e. one diagnostic of infectious mononucleosis) was obtained with 11 out of 62 sera submitted for the Paul-Bunnell Test (cf. 19 out of 79 in 1967) and most of these sera were accompanied by samples of blood with anticoagulant so that the serological findings could be corroborated haematologically.

Brucellosis.—Only six sera, even fewer than in the previous year, were received for examination for suspected brucellosis and, although they were all submitted to what are now the three routine tests for this infection (viz. the Standard and the Anti Human Globulin Agglutination Tests and the Complement Fixation Test), the results were all negative.

Enteric Fever.—The number of specimens (including repeat specimens) received for examination specifically for the typhoid-paratyphoid group of organisms was 407 (cf. 178 in 1967).

S.typhi was isolated from one and *S.paratyphi B* from nine specimens (but, as some of the isolates were from repeat specimens, four patients accounted for these).

All five individuals were known carriers; there were no new enteric cases during the year.

The full Widal test was performed on 189 sera (cf. 50 in 1967), 183 of them (cf. 39 in 1967) from Water Department employees, from whom 282 specimens of faeces (cf. 61 in 1967) were received. The results of all these examinations were negative.

Food Poisoning due to other Salmonellae.—The enteritis outbreak in Glasgow and the West of Scotland referred to in the introductory remarks was fully reported at the time in the weekly medical journals and *Communicable Diseases Scotland (CDS) Reports*, and has since been described in detail in an article in the *Medical Officer* (25.4.69). Therefore a brief outline will suffice here. Although, in retrospect,

it can be seen that a number of people had contracted the infection by mid-August—and at least one patient had sickened as early as the 5th of the month—it was in the last week of August that the first real indications of a developing outbreak were received. From a bacteriologist's viewpoint its course can best be summarised by the following table which shows the number of new "cases" * from whom *S.typhimurium* was isolated at this Laboratory during the relevant period :—

Week	August			September				October				November		
Ending	17	24	31	7	14	21	28	5	12	19	26	2	9	16
No. of New "Cases" *	0	3	8	57	96	77	71	28	30	6	4	4	1	2

*(The term "cases" is advisedly in inverted commas, because, while probably most of them had symptoms of varying degrees of severity, some were merely symptomless excreters discovered during the routine checking of contacts. But any statistical bias attributable to their inclusion here as "cases" will be negligible in comparison with the large numbers of individuals who had an illness lasting a day or two, but who never bothered to consult a doctor or from whom, for various other reasons, no laboratory specimens were submitted). These figures give some idea of the course of the outbreak. The "curve of incidence" rose in a week or two to a "plateau", lasting two or three weeks, and then gradually tailed off during the next three weeks or so. It did not climb steeply to reach a sharp peak in a matter of days. In other words, this was not an *explosive* outbreak and therefore the possibility of a water-borne infection could almost certainly be excluded; nor did it seem at all likely to have been conveyed by milk. But it was an *extensive* outbreak, affecting large numbers of people in many different areas within and beyond the City boundaries, which indicated that it was probably being spread by some food or (foods) marketed on a wide scale, but obtained from a few primary distributors, and possibly even from a single source. Suspicion was inevitably directed to meat, or some meat product(s), because the animal kingdom is the recognised reservoir of salmonella infection and because, under modern conditions, the slaughter of animals for human consumption and the marketing of their flesh has become a highly centralised industry. From the beginning of the outbreak, therefore, the meat and poultry trades engaged the attention of epidemiologists and, although there were many diversions along false trails, the main search for the source of the infection ended where it began—at the Glasgow Abattoir and Meat Market. The final conclusion, based largely on a mass of circumstantial evidence but sufficiently corroborated

by positive bacteriological findings, was that the infection had been conveyed by pigs sent for slaughter during this period. But whether or not the source of the pigs' infection—the true origin of the outbreak—was contaminated animal-feed (and, if so, what ingredient?) remains a matter for conjecture.

Surprisingly, the number of specimens to be examined for salmonellae received from patients or their contacts, 12,691, was only about two thousand more than in the previous year—it was, in fact, marginally less than in 1966—but it must be remembered that most of them were received during September and October, the first eight months of the year having been unremarkable as far as salmonellosis was concerned. It was the concentration of the work in such a relatively short period that made it so heavy, as did the large numbers of isolations of the organisms—959 (cf. 100 in 1967). Some of these were, of course, repeat isolations; even so 467 individuals (cf. 44 in 1967) were found to be excreting salmonellae and the overwhelming majority of the isolates were *S.typhimurium* phage type 32, the "epidemic strain"; the remainder was composed of other phage types (or non-typable strains) of *S.typhimurium* and the usual miscellany of serotypes, as shown in the table listing all salmonellas isolated at this Laboratory from Glasgow cases during the last twelve years. The only newcomer to this list was *S.abony*, but the re-appearance of *S.virchow* is disturbing because, although it was only isolated from two individuals here, this serotype caused a great deal of food poisoning (traced to frozen chickens) in various parts of England and Wales during the year.

	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957
<i>S.typhimurium</i>	403	17	24	44	68	35	52	70	93	73	40	92
<i>S.typhimurium</i> var. <i>copenhagen</i>	5	1	—	—	—	—	—	—	—	—	—	—
<i>S.enteritidis</i>	1	3	6	—	1	4	—	—	—	8	3	1
<i>S.enteritidis</i> var. <i>jena</i>	—	—	—	6	—	—	—	15	—	—	—	—
<i>S.newport</i>	7	—	—	—	—	—	—	—	1	—	—	4
<i>S.thompson</i>	—	—	—	—	—	—	—	—	—	1	2	—
<i>S.potsdam</i>	—	—	—	—	—	—	—	—	—	—	—	1
<i>S.saint-paul</i>	—	—	—	—	1	—	—	—	—	—	—	5
<i>S.montevideo</i>	4	—	—	—	—	—	—	—	1	—	—	—
<i>S.bovis</i> var. <i>morbificans</i>	—	—	—	—	2	1	1	—	—	1	—	1
<i>S.san diego</i>	—	—	—	—	—	—	—	—	—	—	1	—
<i>S.senftenberg</i>	—	—	—	—	—	—	—	—	—	—	—	1
<i>S.bredeney</i>	10	7	—	—	—	—	1	—	—	—	—	—
<i>S.stanleyville</i>	—	—	—	—	—	—	4	1	—	—	—	—
<i>S.anatum</i>	—	7	2	2	3	3	—	—	—	—	—	—
<i>S.stanley</i>	—	—	6	—	—	—	28	—	4	—	—	2
Carried forward	430	35	38	52	75	43	86	86	99	83	46	107

Food Poisoning due to other Salmonellae—continued

	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957
Brought forward	430	35	38	52	75	43	86	86	99	83	46	107
<i>S. cholerae suis</i> (var. Kunzendorf)	—	—	—	—	—	2	—	—	—	—	—	—
<i>S. cholerae suis</i> (var. American type)	—	—	—	—	—	—	—	—	1	—	1	—
<i>S. derby</i>	1	—	—	—	—	—	—	3	1	2	—	—
<i>S. heidelberg</i>	—	—	4	—	—	—	1	1	—	7	—	—
<i>S. oranienberg</i>	—	—	—	—	—	—	—	—	1	—	—	—
<i>S. unidentifiable</i>	1	—	—	—	—	—	—	2	—	—	—	—
<i>S. give</i>	—	—	—	—	—	—	—	—	—	—	—	1
<i>S. panama</i>	6	—	1	—	2	—	—	—	—	—	4	—
<i>S. vancover</i>	—	—	—	—	—	—	—	—	—	5	—	—
<i>S. dublin</i>	—	1	3	2	—	—	—	—	—	1	—	—
<i>S. bleedon</i>	—	—	—	—	—	—	—	—	—	1	—	—
<i>S. meleagridis</i>	—	—	—	—	—	—	—	—	2	—	—	—
<i>S. huttingfoss</i>	—	—	—	—	—	—	—	2	1	—	—	—
<i>S. loma-linda</i>	—	—	—	—	—	—	—	—	1	—	—	—
<i>S. infantis</i>	2	—	22	2	10	3	2	2	—	—	—	—
<i>S. cubana</i>	1	—	—	—	—	—	1	—	—	—	—	—
<i>S. bareilly</i>	—	—	—	—	—	—	1	—	—	—	—	—
<i>S. ibadan</i>	—	—	—	—	—	1	—	—	—	—	—	—
<i>S. blockley</i>	—	—	—	—	—	1	—	—	—	—	—	—
<i>S. essen</i>	—	—	—	—	—	1	—	—	—	—	—	—
<i>S. chester</i>	—	—	—	—	1	—	—	—	—	—	—	—
<i>S. london</i>	—	—	—	—	1	—	—	—	—	—	—	—
<i>S. congo</i>	—	—	—	—	14	—	—	—	—	—	—	—
<i>S. livingston</i>	2	—	—	1	—	—	—	—	—	—	—	—
<i>S. budapest</i>	—	—	6	1	—	—	—	—	—	—	—	—
<i>S. decatur</i>	—	—	—	1	—	—	—	—	—	—	—	—
<i>S. reading</i>	20	6	—	—	—	—	—	—	—	—	—	—
<i>S. haifa</i>	—	1	—	—	—	—	—	—	—	—	—	—
<i>S. ealing</i>	—	1	—	—	—	—	—	—	—	—	—	—
<i>S. abony</i>	2	—	—	—	—	—	—	—	—	—	—	—
<i>S. virchow</i>	2	—	—	—	—	—	—	—	—	—	—	—
	<u>467</u>	<u>44</u>	<u>74</u>	<u>59</u>	<u>103</u>	<u>51</u>	<u>91</u>	<u>96</u>	<u>106</u>	<u>99</u>	<u>51</u>	<u>108</u>

Additionally 395 specimens were received from Stirlingshire (cf. 42 in 1967) and salmonellae were isolated from 41 of these (cf. one in 1967) ; but included among these specimens were some from animals, the chief reason for this being a small outbreak of milk-borne *S. typhimurium* phage type U149 infection in the course of investigating which the organism was isolated from three samples of milk and 18 specimens of bovine faeces. There remained 19 isolations of *S. typhimurium* (including seven from repeat specimens) from 12 human cases and one of *S. stanley* from a sample of marsh water.

Food poisoning due to other Organisms.—The number of stool specimens received from patients with symptoms suggestive of

staphylococcal or *Cl.welchii* food poisoning was relatively small. Of 228 specimens examined specifically for heat-resistant strains of *Cl.welchii* and/or *Staph.aureus*, the former were isolated from five of them and the latter from four.

The largest single "incident" of this kind, as already stated, occurred at the beginning of the year and involved the School Meals Service. On 22nd January, 83 children out of 354 individuals (mainly children, with a few staff members) at a Primary School complained of abdominal pain, nausea and vomiting two to four hours after school dinner. The illness lasted only a few hours and, although 15 children were admitted to hospital, none was severely affected. *Staph.aureus* was isolated from three of the 64 stool specimens from affected children received at this Laboratory (and, at Ruchill Hospital, from two of the 15 children admitted there).

Foodstuffs (or food "utensils") suspected of having caused (or conveyed) Food Poisoning.—Here again the main emphasis was on seeking salmonellae, especially *S.typhimurium* phage type 32 and, as the distinction between the *ad hoc* investigation of incidents and general "background sampling" was difficult to make in 1968, all these specimens will be referred to in a later section of this Report.

As far as the Primary School food poisoning outbreak was concerned, because nearly all the affected children had been served at the second sitting for dinner and the main difference between the menu for the two sittings was that corned beef had been served at the second, suspicion fell on this food. Specimen meals (including corned beef) and a fresh tin of corned beef from the same batch as those used for the meal were examined bacteriologically with negative results, but *Staph.aureus* was isolated from a left-over slab of corned beef, from four empty corned-beef tins obtained from the school kitchen and from two out of eight swabs of various parts of the meat-slicing machine. *Staph.aureus* was also isolated from the nasal swabs of five out of nine kitchen attendants and from a herpetic lesion on the lip and the skin of the hand of one of these five. The phage type of the strains isolated from the corned beef, from three of the empty tins and from one of the "positive" slicing machine swabs was 6/47/53/54/75/85/83A/ + i.e. one of the Group III phage patterns (which includes the recognised enterotoxin-producing staphylococci) and one of three of the strains isolated at this Laboratory from the affected children and both strains isolated at the Ruchill Hospital Laboratory were of the identical phage type. The inference was that the corned beef must have been the offending food; what is not clear is how or when it became

contaminated. The positive swabs obtained from the kitchen attendants did *not* incriminate *them*, because their staphylococci were not of the same phage type as those from the tins, etc. and from the affected children; in any event the tins of corned beef were opened two hours or less before the meal, not long enough to have allowed enterotoxin to have been produced in significant amounts if the contents had been contaminated *after* they had been opened. It may be that the corned beef in one or more of the tins used had been contaminated with staphylococci (which perhaps penetrated through an undetected pinhole) at some stage of its journey from canner to consumer and that the organisms had multiplied and produced toxin in the meat before the tins were opened.

In all 167 samples of foods, etc. were examined in connection with this and other smaller incidents, and *Staph.aureus* was isolated from 18 of them, but *Cl.welchii* was not found in any of these samples in 1968.

Dysentery.—The total number of new cases of bacillary dysentery diagnosed during the year, 950, was only 39 more than in 1967 and rather fewer than in 1966 but, as with salmonellosis, there was a short period when the number of these investigations was abnormally high. The main reason for this was also an outbreak at another Primary School. During the twenty-four hours or so from midday on Tuesday, 14th May, 84 children and four teachers at the school developed a gastro-intestinal illness of such acute onset that it was at first assumed to be food poisoning, but on bacteriological investigation it was found to be Sonne dysentery. Because of the severity of their symptoms 34 of the affected children and two teachers required admission to hospital. *Sh.sonnei* was isolated at this Laboratory from 31 of the 54 cases treated at home (although one of these was subsequently admitted to hospital) and, at two hospital laboratories, from 17 of the 35 cases admitted at the outset. Here then was an unusually "explosive" outbreak of bacillary dysentery and suspicion inevitably fell on the school dinners but bacteriological examination of several samples of food, milk etc., from the school kitchen (where, incidentally, more than 500 pupils were catered for) were entirely negative. It is just possible, of course, assuming a four days' incubation period, that the school dinner served on the previous Friday had been the vehicle of infection but none of this, or the more important ingredients used in its preparation, remained available for examination, and the source of the outbreak was never detected. However, it was quickly over and showed no signs of recurring.

The numbers of examinations for bacillary dysentery undertaken during the year, with the corresponding figures for 1967 in brackets, were as follows :—

	<i>Specimens</i>	<i>No. Positive</i>	<i>% Positive</i>
From suspected cases and contacts ...	13,832 (12,287)	1,233 (911)	10.5
From repeat specimens for clearance ...		222 (480)	

Sh.sonnei was the causative organism in 80.7 per cent. of the new cases and *Sh.flexneri* serotypes in 19.3 per cent. (cf. 51.7 per cent. and 48.3 per cent. respectively in 1967) and so, as will be seen from the table, in which all the Glasgow cases of dysentery diagnosed at this Laboratory since 1946 are classified according to the infecting organism the ratio of Flexner/Sonne strains fell to 0.24/1 :—

Year	Number of (new) isolates			Flexner/Sonne Ratio*
	<i>Sh.sonnei</i>	<i>Sh.flexneri</i>	Totals	
1946	111	158	269	1.42
1947	66	39	105	0.59
1948	434	386	820	0.89
1949	501	374	876 (including 1 <i>Sh.schmitzii</i>)	0.75
1950	1,865	105	1,970	0.06
1951	949	40	989	0.04
1952	1,779	14	1,793	< 0.01
1953	1,694	272	1,966	0.16
1954	2,524	1,754	4,278	0.69
1955	2,763	1,484	4,247	0.54
1956	2,388	309	2,697	0.13
1957	1,830	190	2,020	0.10
1958	1,556	273	1,829	0.17
1959	1,805	621	2,427 (including 1 <i>Sh.boydii</i>)	0.34
1960	864	1,421	2,285	1.64
1961	1,153	512	1,665	0.44
1962	1,385	186	1,571	0.13
1963	923	145	1,068	0.16
1964	1,110	250	1,360	0.23
1965	776	354	1,130	0.46
1966	811	293	1,104	0.36
1967	471	440	911	0.93
1968	767	183	950	0.24

* The denominator, which is unity throughout, has been omitted ; thus 1.42 should be read as 1.42/1, 0.59 as 0.59/1, etc.

Thus the prognostication, tentatively put forward in last year's Annual Report, that *Sh.flexneri* isolates might outnumber those of *Sh.sonnei* in 1968 was falsified by the events ; but it is pertinent to add that these " events " included the school incident described above as well as a moderately high incidence of Sonne dysentery in various Children's Nurseries from time to time during the year.

Sh.sonnei was also isolated from 12 out of 302 specimens received from Stirlingshire (cf. 14 out of 56 in 1967).

Amoebic Dysentery.—*E.histolytica* was not present in any of the 118 stool specimens examined (cf. 72, in one of which cysts were found, in 1967).

Venereal Diseases.—There was a decrease (from 19,358 in 1967) to 18,323 in the number of blood specimens received for serological tests for syphilis; of these 13,736 (8,403 of them from pregnant women) were for "screening" tests, viz. the Cardiolipin Wassermann and the VDRL slide tests, but the remaining 4,587 (mainly from V.D. clinics) and 136 "screen-positive" sera were submitted to the full range of tests, including the Reiter Protein Complement Fixation Test, the *quantitative* VDRL test and, when indicated, the Fluorescent Treponemal Antibody Test. For reasons explained in a previous Annual Report it is not appropriate to divulge the number of these tests which gave positive results but this much can be stated; the "true" positive rate (i.e. after exclusion of the Biologic False Positives) for the antenatal sera was 0.07 per cent.

Cerebrospinal fluid specimens received for these tests and for the Colloidal Gold Test totalled 66, more than double the number in the previous year.

Gonococcal Infections.—The Gonococcal Complement Fixation Test was performed on 124 sera, 11 of which gave a positive result (cf. 21 out of the 159 specimens examined in 1967). Of greater importance was the isolation of *N.gonorrhoeae* from 1,617 out of 10,452 genital swabs examined (cf. 1,662 out of 10,248 in 1967).

Trichomoniasis.—The presence of *T.vaginalis* was demonstrated by direct or cultural examination, in 616 (8.78 per cent.) of the 7,020 genital swabs examined for the flagellate. The corresponding figures for 1967 were 748 (11.2 per cent.) and 6,662.

Eye infections in Infancy.—In contrast to the experience of the previous year, when no cases of gonococcal ophthalmia were diagnosed, *N.gonorrhoeae* was isolated from the conjunctival swabs of five neonates in 1968. In all, 195 such swabs (70 more than in 1967) from newborn and older children were examined during the year.

Tuberculosis.—*M.tuberculosis* was isolated on culture from 29 out of 281 sputa but, because in some cases the organism was repeatedly isolated from successive specimens, the number of sputum-positive patients was 12; the organisms had been seen in direct smears of the

specimens of six of these patients, but there was one other patient from whose sputum no mycobacterium was cultured although acid-fast bacilli had been seen on microscopic examination. (In 1967, *M.tuberculosis* was isolated from only nine out of 254 specimens examined and there were only seven sputum-positive patients).

Tubercle bacilli were also isolated on culture from 13 out of 239 other specimens (urines, gastric washings, etc.) but five of these were from one patient, i.e. nine cases accounted for these isolations; the corresponding figures in 1967 were four isolations (all from one patient) from 130 such specimens. Further reference to the isolations from urine specimens will be found in the section on "Clinical Pathology" (*v.infra.*).

For various special reasons 38 specimens were inoculated into guinea-pigs and *M.tuberculosis* was recovered from guinea-pig lesions caused by four of these: two of gastric washings, one of gland biopsy from a child and one of urine, from which the organism was also isolated on direct culture (one of the 13 referred to in the previous paragraph).

The total number of cases, not all of them new cases however, found to be harbouring viable tubercle bacilli was thus 24, a threefold increase on the 1967 figure.

Whooping Cough.—In the last two Annual Reports brief reference has been made to the "Whooping Cough Survey". Since the official report on this will probably have been published by the time these pages are printed some account of it can now be given here. This was a Survey organised by the Public Health Laboratory Service in a number of areas in England and Wales and in three cities in Scotland (Edinburgh, Dundee and Glasgow), representatives from each of which were invited to serve on the Survey Committee. The main purposes of the Survey were to try to assess the efficiency of currently (or recently) used whooping cough vaccines, to seek further proof of the view, already widely accepted (largely on the strength of the work of Dr. Preston of Manchester), that there has been a change in the relative prevalence of the various *Bord.pertussis* serotypes since immunisation against whooping cough was introduced in the nineteen fifties, and to examine the possible role of infective agents other than *Bord.pertussis* in the causation of the clinical syndrome called whooping cough. In England and Wales the Survey was organised through the Health and Welfare Departments of the local authorities; general practitioners were asked merely to communicate with these departments when their first suspicions were aroused of any possible cases of whooping cough in their practices. In

the Scottish cities the survey was conducted in a different way; general practitioners were asked to take (and forward to the laboratories) pernasal swabs from suspected cases and their young household contacts, and also provide detailed case-histories and immunisation records of these patients and contacts. This was asking a great deal and the present writer is profoundly grateful to some forty Glasgow general practitioners who, in the midst of their many other preoccupations, participated in this work. He is also very much indebted to the West of Scotland Branch of the College of General Practitioners for assistance in securing the co-operation of these doctors.

The Survey, begun in November, 1966, was originally intended to run for 6 months but, so promising were the preliminary results, it was extended to 18 months. Swabs from all the Glasgow domiciliary cases or suspects (and, for special reasons, from those admitted to Belvidere Hospital) were sent to this Laboratory. During this eighteen-month period *Bord.pertussis* was isolated from 89 out of 846 swabs received from 482 individuals in 317 families. Allowing for re-isolations from some patients, this amounted to 70 bacteriologically proven cases. More detailed analysis of the results must await the publication of the Survey Reports but these few figures give some indication of what was accomplished by the Glasgow participants.

CLINICAL PATHOLOGY

Urine examinations.—There was a further increase, to 9,251 (cf. 7,863 in 1967) in the number of specimens of urine received for diagnostic tests for pregnancy, and to 9,602 (cf. 8,186 in 1967) in those for quantitative bacterial cultures. Additionally it has always been the practice at this Laboratory to examine microscopically all specimens in the latter category, a procedure which is often helpful in interpreting the significance of viable counts which lie within the "doubtful" range of 10,000-100,000 bacteria per ml. of urine. On occasion also this reveals a pyuria associated with an apparently "sterile" urine; frequently this is because the patient is already receiving chemotherapy, but this information may not have been vouchsafed to the bacteriologist and he must therefore bear in mind other possible explanations, one of the most important of which is the possibility that the patient may have a tuberculous infection of the urinary tract. In every such case, therefore, the urinary deposit is routinely cultured for tubercle bacilli. By such examinations *M.tuberculosis* was isolated from the urines of eight patients (three of them under five years of age) during the year, and follow-up investigations established the presence in all but one of these previously unsuspected tuberculous lesions.

Haematology.—Largely because of administrative re-arrangements during 1968, whereby specimens from one busy antenatal clinic which used to be sent to this Laboratory are now sent to a hospital laboratory, the number of blood specimens received for ABO grouping and Rhesus typing fell from 10,053 in the previous year, to 8,536 in 1968. Of these, 4,690 came from antenatal clinics and 3,846 (a fairly constant figure, this) were submitted by general practitioners; 840 of the former and 938 of the latter (20·8 per cent. over-all, cf. 20·2 per cent. in 1967) were found to be Rhesus (D)-negative. All the specimens were “screened” for blood-group antibodies and 267 gave presumptive positive results; these were referred, for more definitive tests, to the Regional Blood Transfusion Centre where the presence of “Rhesus antibodies” was confirmed in 63, and 73 others showed “irregularities” of no clinical significance.

There was a further increase to 19,339 (cf. 18,045 in 1967) in the number of blood samples received for haemoglobin estimations and 4,885 of these (cf. 3,657 in 1967) required more extensive haematological investigations.

Miscellaneous Investigations.—Included under this heading there were, as usual, about 25,000 clinical pathological tests of various kinds, antibiotic sensitivity tests, tests for protein and/or other abnormal constituents in urine, etc. and for occult blood and helminths in faeces; in only two of the latter were worms or ova found, an *Ascaris lumbricoides* (roundworm) in one and *Oxyuris vermicularis* (threadworms) in another. More puzzling was a live worm in a sample of tinned pears, the subject of a complaint to a County Health Authority. The complaining housewife insisted that the worm was in the tin when she opened it but this was clearly untenable. However, a helminthologist, to whom the specimen was referred for an expert opinion identified the worm as an *Ascaridoidea* of the family *Anisakidae*, a not uncommon (and, to human beings, quite harmless) parasite of fish in British waters; and there can be little doubt that the worm had been conveyed in a fillet of fish to the housewife’s larder where it accidentally contaminated the pears *after the tin had been opened*.

PUBLIC HEALTH—GENERAL CONTROL

Milk Supply. Bacterial content.—The number of milk samples examined increased to 1,923 (cf. 1,815 in the previous year). The results are summarised in the table, which shows that the bacteriological cleanliness of standard milk on sale to the public declined

appreciably, and that of premium milk still leaves a great deal to be desired :—

			Number of Samples	No. complying with standards	Percentage complying in 1968	Percentage complying in 1967
<i>Hospitals Supplies—</i>						
Raw Milk	{ Premium Milk	...	0	—	—	—
	{ Standard Milk	...	23	21	91.3	80.0
Pasteurised Milk		...	289	244	84.4	88.9
<i>Public Supplies—</i>						
Raw Milk	{ Premium Milk	...	159	102	64.1	63.5
	{ Standard Milk	...	125	91	72.8	88.2
Pasteurised Milk		...	806	727	90.2	92.3
Ultra heat-treated Milk		...	29	28	96.4	100.0
Raw Ordinary Milk		...	12	11	91.6	90.9
<i>School Supplies—</i>						
Pasteurised Milk		...	159	148	93.1	91.1
<i>Milk from Dispensing Machines—</i>						
Pasteurised Milk		...	120	74	61.7	55.0
<i>Miscellaneous</i>		...	201	—	—	—

Otherwise standards were well maintained and it is gratifying to observe that the standard of the samples from milk dispensing machines does show signs of improving at last. The detailed figures for these were as follows :—

Plate count per ml.	Number of samples complying with the Pasteurised standard*	Number of samples not complying with the Pasteurised standard*	Total
0 - 10,000 ...	21	1	22
10,000 - 50,000 ...	29	4	33
50,000 - 200,000 ...	12	16	28
200,000 - 1,000,000 ...	10	15	25
Over 1,000,000 ...	2	10	12
Total ...	74	46	120

* Absence of coliforms from 1/100ml.

Rather fewer milk samples were submitted on behalf of Argyll County Council—910 (cf. 1,197 in 1967) but a start was made on assays of penicillin or other inhibitory substances in milk, an investigation performed on 11 of these samples.

Examination of Milk for M.tuberculosis.—Biological tests were requested on 47 samples of milk from Glasgow and four from Clydebank. The results were all negative.

Examination of Milk for evidence of Br.abortus infection.—The Milk Ring Test (MRT) was performed on 323 samples from sources in

Glasgow and 86 of these reacted positively ; cultures were inoculated with 14 of these which had shown the stronger reactions and *Br.abortus* was isolated from two of them, one a bulk sample and the other from an individual cow.

In addition 1,226 milk samples received from the other Health Authorities (Argyll, Wigtownshire, etc.) were examined by the MRT and, when indicated, by culture for *Br.abortus*.

Examination of Milk Bottles, Dairy Equipment, etc.—Out of 118 washed milk bottles examined for cleanliness, 108 (91·5 per cent.) complied with the standards. The results of the examination of 104 rinses from milk cans were ; 80·7 per cent. satisfactory, 4·8 per cent. fairly satisfactory and 14·4 unsatisfactory. All these results were rather better than those for 1967, when slightly fewer of these examinations were done.

Cream.—The results of the examination of 268 samples of dairy cream did not differ significantly from those for 1967 (when 270 samples were examined) as the following table shows :—

Bacterial count per gram	No. of Samples	Percentage 1968	Percentage 1967
0 – 50,000 ...	213	79·5	82·5
50,000 – 200,000 ...	20	7·5	8·1
200,000 – 1,000 000 ...	21	7·8	8·1
Over 1,000,000	14	5·2	1·1
Coliform bacilli in 1/100 g.	41	15·3	17·4

Ice-cream.—The number of samples of ice-cream received increased to 433 and they gave very similar results to the 403 examined in the previous year :—

Bacterial count per gram	No. of Samples	Percentage 1968	Percentage 1967
0 – 50,000 ...	330	76·2	79·6
50,000 – 200,000 ...	46	10·6	8·2
200,000 – 1,000,000 ...	48	11·0	11·9
Over 1,000,000	9	2·0	0·25
Coliform bacilli in 1/100 g.	63	14·6	19·1
Samples conforming to provisional standard of a plate count of no more than 50,000 per g. and coliform bacilli absent from 1/100 g.	307	70·9	71·2

Imitation Cream.—Rather fewer samples of this product were received, 84 compared with 92 in 1967, and the results were marginally better.

Bacterial count per gram	No. of Samples	Percentage 1968	Percentage 1967
0 – 50,000 ...	75	89.2	81.5
50,000 – 200,000 ...	4	4.7	7.6
200,000 – 1,000,000 ...	2	2.3	8.7
Over 1,000,000	3	3.6	2.2
Coliform bacilli in 1/100 g.	8	9.5	10.8

Bottles other than Milk Bottles.—Of the 31 washed bottles collected by Health and Welfare Department Inspectors from mineral water manufacturers, breweries, etc. 28 (90.3 per cent.) complied with the standards. This compared with 48 (90.5 per cent.) of the 53 examined in 1967.

Public Water Supplies.—The new Area Water Boards came into being in May 1968 and the City supplies came under the authority of the Lower Clyde Water Board but the "territorial coverage" as far as samples submitted to this Laboratory were concerned altered very little. The number of water samples received, however, was much larger—1,998 compared with 1,323 in 1967. Of these 1,807 were routine samples from reservoirs or points in the distribution system, 130 were miscellaneous examinations carried out for the Water Department or for the Divisional Medical Officers, and 61 from ships' tanks and dock supply points, for the Port Health Officers.

The results of the examination of the largest category, viz. chlorinated samples from the Loch Katrine and Gorbals supplies were as follows :—

Supply	No. of Samples	Average bacterial count per ml. at 37°C/24hrs. 22°C/72hrs.		Most Probable Number in 100ml.							
				Coliform bacilli				Typical ("faecal") <i>Esch.coli</i>			
				0	1	3	5 or more	0	1	3	5 or more
Loch Katrine ...	958	4	66	885	51	13	9	921	28	6	3
Gorbals ...	489	20	136	469	13	3	4	480	8	0	1

These figures show that, in general, the standards were very well maintained.

Swimming Baths.—There was an increase, to 447, in the number of samples of pond water brought for examination and, apart from one sample of an exceptionally low standard, the results compared very

favourably with those of the 418 samples examined in 1967. The 1968 figures were :—

Source	No. of Samples	No. with a Bacterial Count of 10 or more per ml. at 37°C/24 hrs	No. containing Coliform bacilli in 100 ml.	MPN in 100 ml. Coliform Typical ("faecal") <i>Esch. coli.</i>
Public Ponds ...	208	13	6 { 1 sample 1 " 1 " 1 " 1 "	1 5 1 1 160 8
School Ponds ...	175	11	4 { 1 sample 1 " 1 " 1 "	18 5 1 2
Private Ponds ...	64	2	0	8 5 1 2

Foodstuffs : Fitness for consumption.—The regular sampling under this heading continued at about the average rate ; the number of samples received from the usual sources (with the corresponding figures for 1967 in brackets) were as follows :—Port Health Inspectors 901 (1,089), Corporation Chief Veterinary Officer (mainly samples of imported boneless beef) 916 (1,139), but from the latter there were extra samples connected with the enteritis outbreak, e.g. organs from slaughtered animals and "contingent" samples, such as abattoir drain swabs and swabs of various utensils in use in the slaughterhouse, some 420 samples in all. Likewise, the 412 (cf. 92 in 1967) received from the City Food Inspectors included a great many samples from butchers' shops, bacon factories, etc. specially taken during the investigation of the outbreak.

S.typhimurium phage type 32 was isolated from the viscera of four out of 222 pigs examined and from four out of 198 miscellaneous swabs taken at the slaughterhouse, two more of which yielded other serotypes, one *S.oranienberg* and one *S.virchow*.

The imported boneless beef showed a great improvement ; salmonellae were isolated from only three samples of this (cf. 10 in 1967) —*S.typhimurium* (not phage type 32) from two and *S.oranienberg* from one.

For the first time ever imported egg products earned a "clean bill of health" ; no salmonella was isolated from any of the 312 samples examined (cf. one positive out of 387 in 1967 and five out of 425 in 1966) and, for the fifth successive year, all samples of desiccated coconut, of which 448 were examined (cf. 571 in 1967) were entirely free of contamination with these organisms. Shellfish were examined on 20 occasions (cf. 13 in 1967) and, with the exception of one batch of mussels, which were classed Grade 2, all samples (which included two special batches of clams submitted on behalf of the M.O.H. for Bute)

were Grade 1 (bacteriologically "clean"). No pathogen was isolated from any samples of other foods of various kinds collected from shops, warehouses, etc.

Other Investigations and Services for the Health and Welfare Department and the Port Health Authority, etc.—Fewer doses of yellow fever vaccine were issued, only 2,125 (cf. 3,175 in 1967); again none of the 35 rats (cf. 39 in 1967) brought from the docks and ships' holds were found to be harbouring *Pasteurella pestis*, and 26 samples of animal feeding stuffs (cf. 32 in 1967) were all free of salmonellae. The number of isolations of *B.anthraxis* from imported cargoes was also very much smaller; compared with 16 positive samples out of 114 in 1967, the organism was isolated from only three out of 32 samples of bones or bonemeal and from none of the other 38 samples (of hides, etc.) examined in 1968.

This selection of facts and figures illustrates the volume and variety of work done. For the Laboratory Staff, with many other calls on their time and energies, 1968 was an exceptionally busy year. Some of the events described here illustrate the need for a sufficient margin of staffing and resources in all laboratories committed to provide a "public health bacteriological service"; otherwise the sudden surges in the demands (rightly) made upon them when outbreaks of communicable disease occur—as they assuredly will, again, from time to time—cannot be adequately met. Improvisation is a poor substitute for preparation.

T. F. ELIAS-JONES.
Director.

PUBLICATIONS, REPORTS, ETC.

"Pulmonary Anthrax Caused by Contaminated Sacks".

Enticknap, J. B., Galbraith, N. S., Tomlinson, A. J. H. and Elias-Jones, T. F. (1968). *Brit. J. industr. Med.*, 25, 72.

"Sources of Gonococcal Infections. A review of 1,289 strains of *N.gonorrhoeae* isolated in Glasgow in 1967".

Schofield, C. B. S., and Elias-Jones, T. F. (1968). *Communicable Diseases Scotland Reports*, CDS 68/9.

"Shonoe Dysentery: Current predominance of a hitherto rare Colicine-type of *Sh.shonoe* in Glasgow".

Elias-Jones, T. F. and Wilson, W. (1968). *Communicable Diseases Report (P.H.L.S.)*, CDR 68/20.

"Salmonellosis in Scotland during 1967".

Stevenson, J. S. and Elias Jones, T. F. (1968). *Communicable Diseases Scotland Reports*, CDS 68/27.

TOTAL EXAMINATIONS FOR YEAR 1968

CITY OF GLASGOW

INFECTIONOUS DISEASES

<i>Diphtheria and General Throat Infections—</i>						<i>Positive</i>	<i>Total</i>
Diphtheria	...	...	Suspects	...	...	0	475
Streptococcal Infections	...	...	Suspects and control	...	...	149	1,046
Vincent's Infections	...	...	Suspects and control	...	...	19	482
Pernasal swabs (Whooping Cough Survey)	...	...	...	...	...	5	87
Staphylococcal Infections	...	...	Suspects and control	...	...	241	242
<i>Gastro-intestinal Infections—</i>							
Enteric Fever—							
(Typhoid, ... paratyphoid)	...	...	Suspects and control	...	...	10	407
	...	...	Water Works employees	...	...	—	465
Food Poisoning—							
(Salmonellosis)	...	...	Suspects and control	...	...	959	12,691
	...	...	Foodstuffs	...	...	—	143
	...	...	Miscellaneous swabs	...	...	10	450
(Staphylococcal)	...	...	Suspects and control	...	...	4	225
	...	...	Foodstuffs	...	...	9	139
	...	...	Miscellaneous swabs	...	...	9	29
(Clostridial)	...	...	Suspects and control	...	...	5	228
	...	...	Foodstuffs	...	...	—	139
Dysentery—							
Bacillary	...	...	Suspects and Control	...	...	1,455	13,832
	...	...	Foodstuffs	...	...	—	47
	...	...	Colicine-typing of <i>Sh. sonnei</i>	...	...	—	1,236
Amoebic	...	...	...	...	...	—	118
Other forms—Giardiasis, etc.	...	...	...	...	...	92	620
Specific <i>Esch. coli</i>	...	...	...	...	...	62	1,368
<i>Tuberculosis—</i>							
	...	...	Sputa	...	...	16	281
	...	...	Other specimens (microsc. exam.)	...	...	4	239
	...	...	Various specimens (biological exam.)	...	...	4	38
	...	...	Various specimens (culture)	...	...	42	520
<i>Venereal Diseases—</i>							
	...	...	Serological Tests for Syphilis (W.R., etc.)	...	...	—	41,237
	...	...	Lange's Colloidal Gold Test	...	...	—	66
	...	...	Gonococcal Complement Fixation Test	...	...	—	124
	...	...	Smears and cultures of Urethral and Cervical Exudates for <i>N. gonorrhoea</i>	...	...	—	10,452
	...	...	Ophthalmia Neonatorum (smears and cultures)	...	...	—	195
<i>Carry forward</i>						...	87,621

	Brought forward	...	Positive	Total
OTHER EXAMINATIONS—			—	87,621
Blood—Rh factor	—	8,536
Blood—ABO grouping	—	8,536
Blood—group antibody tests	—	8,536
Blood—general haematology, cell counts, haemoglobin, etc.	—	19,339
Blood—cultures, Paul-Bunnell tests, etc.	—	107
Urines, etc.	—	17,088
Exudates—various	—	294
Faeces for worms	2	12
Faeces for occult blood	7	18
Swabs for Trichomoniasis	1,613	17,942
Pregnancy tests	—	9,251
Antibiotic sensitivity tests	—	7,789
Miscellaneous	—	8
GENERAL PUBLIC HEALTH—				
City Milk Supplies (plate count and coliforms)	—	1,611
City Milk Supplies (<i>Br.abortus</i>)	—	323
Hospital Milk Supplies (plate count and coliforms)	—	312
Milk (biological tests)	—	47
Miscellaneous swabs and rinses	—	177
Milk bottles (bacterial counts)	—	118
Swabs from milk cans	—	104
Ice-cream	—	433
Foodstuffs—fitness for consumption :—				
Imitation cream, cream, etc.	—	352
Miscellaneous foods, dried egg, etc.	—	412
Shellfish	—	18
Beer and mineral water bottles	—	50
Water Supplies—routine	—	1,937
Water from swimming ponds	—	447
Meat from Chief Veterinary Officer	—	916
Animal feeding stuffs	—	26
PORT HEALTH AUTHORITY—				
Anthrax (hides, skins, hair, bone, etc.)	3	70
Plague (examination of rats)	—	35
Foodstuffs—fitness for consumption	—	901
Water samples	—	61
OUTSIDE AUTHORITIES—				
Stirlingshire—				
Gastro-intestinal infections	...	712	—	
Other infections	...	93	—	
Throat infections	...	9	—	
Antibiotic sensitivity tests	...	53	—	
Foodstuffs—fitness for consumption	...	62	—	
			—	929
Clydebank—				
Milk (biological test for tuberculosis)	...	4	—	
Milk samples for <i>Br.abortus</i>	...	4	—	
Foodstuffs—fitness for consumption	...	3	—	
			—	11
Carry forward	194,367

OUTSIDE AUTHORITIES—Continued

	<i>Brought forward</i>				<i>Positive</i>	<i>Total</i>
				...	—	194,367
<i>Argyll—</i>						
Milk (plate count and coliforms)	910	—	
Milk samples for <i>Br.abortus</i>	1,007	—	
Ice-cream	9	—	
Milk bottles	8	—	
Water sample	1	—	
Miscellaneous swabs	24	—	
				—	—	1,959
<i>Bute—</i>						
Milk samples for <i>Br.abortus</i>	82	—	
Miscellaneous swabs	6	—	
Shellfish	2	—	
				—	—	90
<i>Wigtownshire—</i>						
Milk samples for <i>Br.abortus</i>		—	38
<i>Dumfries-shire—</i>						
Milk samples for <i>Br.abortus</i>		—	5
<i>Dunbartonshire—</i>						
Foodstuffs—fitness for consumption			—	6
						196,465

SECTION XIV

FOOD

SUMMARY OF OPERATIONS UNDER THE FOOD AND DRUGS (SCOTLAND) ACT, 1956, THE MILK AND DAIRIES ACTS AND ALLIED ACTS, ORDERS AND REGULATIONS FOR THE YEAR ENDING 31ST DECEMBER, 1968

Food additives are always a controversial topic. It was noted this year that all the food additives found in samples were well below the statutory maximum limits permitted with one exception, namely the preservative, sulphur dioxide (SO_2). Excess amounts were discovered, particularly in sausages and mince. Proceedings were instituted in twenty-four cases, convictions were obtained in each and fines totalling £152 were imposed.

FOOD AND DRUGS (SCOTLAND) ACT, 1956

A total of 4,648 samples was obtained and examined, 1,233 being formal samples and 3,415 informal; 35 (2·83 per cent.) of the former and 84 (2·45 per cent.) of the latter were reported to be non-genuine. The corresponding figures last year were 47 (3·60 per cent.) and 120 (3·04 per cent.) respectively.

Of the 35 formal samples returned non-genuine, court proceedings were taken in 24 cases and a conviction was obtained in each case. Fines totalling £152 were imposed.

Letters of warning were sent to the other 11 traders.

THE PRESERVATIVES IN FOOD (SCOTLAND) REGULATIONS, 1962

Sulphur dioxide (SO_2) was the only preservative found to be used in excess of the specified limits. Benzoic Acid and Sorbic Acid were also used but within permitted amounts. No other permitted or prohibited preservative was detected in any of the samples analysed.

Observations were made on reports and memoranda issued by the Scottish Home and Health Department, Counties of Cities Association, and Association of Sea and Air Port Health Authorities :—

Milk (Special Designations) (Scotland) Order—New Specified Areas.

Fertilisers and Feeding Stuffs—Schedule 1 may be altered.

Agriculture (Miscellaneous Provisions) Act, 1968, Welfare Recommendations for Livestock.

Labelling of Food Regulations, 1967.

Proposed Legislation on Pesticides.

Proposals for Cream Regulations.

Draft Code of Practice for the Welfare of Pigs.

Food Standards Review

1. Bread and Flour Regulations, 1963.
2. Self-Raising Flour Order, 1946.
3. Flour Confectionery and Biscuits.

Imported Food Regulations, 1968.

Proposals for Regulations, Farm and Garden Chemicals Act, 1967.

Code of Practice for Marzipan, Almond Paste, Almond Icing.

Sale of Unpasteurised Milk.

Codes of Practice for Milk Vending and Dispensing Machines.

Preservative Regulations, 1962—Proposed Amendment.

Advisory Service for Local Authorities and Food Manufacturers.

Proposals for Regulations on Claims and Misleading Descriptions on Labels and Advertisements of Food.

Proposals of Food Hygiene (General) Regulations.

Pesticides Residues in Foodstuffs.

Milk and Hygienic Quality.

Review of pre-1955 Orders.

Canned Meat Products—Proposal to amend 1967 Regulations.

Food Standards Report on Cream.

New Legislation becoming operative or reaching the Statute Book during the year

Imported Food (Scotland) Regulations, 1968.

Food (Control of Irradiation) (Scotland) Regulations, 1967.

Meat Pie and Sausage Roll (Scotland) Regulations, 1967.

Slaughter of Poultry Act, 1967.

Sausage and Other Meat Products (Scotland) Regulations, 1967-68.

Skimmed Milk with Non-Milk Fat (Scotland) Amendment Regulations, 1968

Trade Descriptions Act, 1968.

THE FOOD AND DRUGS (SCOTLAND) ACT, 1956

INSPECTION OF FOOD AND FOOD PREMISES

Ten thousand, three hundred and ninety-one visits were made to food premises, during which 1,946 lots of food were examined, a total of 227 tons, and 110 lbs., some 3 tons less than last year.

Additional work was caused by the break-down of a number of deep-freeze cabinets in shops.

THE FOOD AND DRUGS (SCOTLAND) ACT, 1956, SECTION 9

SUSPECTED FOOD

Many complaints were investigated by the inspectors. The number this year reached an all-time record of 539, an increase of 88 on last year's total. This is a considerable figure, to be compared with 241 and 132, five and ten years ago respectively. A large number of these complaints were totally unfounded.

Some of the complaints nevertheless were interesting, e.g.,
a live larva of the Mediterranean fruit fly *ceratitis capitata* was found in a Jaffa orange ;

a live larva was alleged to have been found in a hot meal served in a restaurant ;

numerous complaints of live poultry being kept in shops ;

several complaints of adulterated whisky which were proved unfounded ; and

a dog's tooth found in a packet of cereals—possibly it was introduced in the home where there was a puppy.

In addition there were complaints of mould, smells and foreign matter in foodstuffs.

THE FOOD AND DRUGS (SCOTLAND) ACT, 1956

TABLE SHOWING NATURE AND NUMBER OF TOTAL SAMPLES
PROCURED AND EXAMINED DURING 1967

Article	Informal		Formal	
	No. Taken	No. Non- Genuine	No. Taken	No. Non- Genuine
Baking Powder, Golden Raising Powder	6	—	—	—
Bread	—	—	—	—
Butter	5	—	7	—
Cheese (including spreads and processed cheese)	28	—	9	—
Coffee (including essences and mixtures)	8	—	6	—
Cream (including single, double and sterilised)	141	12	—	—
Dried and Preserved Fruit ...	32	—	49	—
Fish Cakes	4	—	—	—
Fish Pastes and Spreads ...	10	—	1	—
Flour and Self-raising	16	2	12	1
Flour Mixtures (cake, pudding, sponge mixtures and cake flour)	67	2	49	1
Fruit Conserves (e.g., tinned and bottled fruit)	—	—	—	—
Gelatine	4	—	—	—
Ice-Cream	273	14	5	—
Ice Lollies	1	—	—	—
Jams, Jellies and Fruit Curds ...	34	—	6	—
Margarine	9	—	9	—
Meat Pies, Pastries and Sausage Rolls	—	—	—	—
Meat Pastes and Spread (chopped and potted)	37	4	—	—
Milk (excluding dried, condensed, evaporated and flavoured, etc., milk)	1,777	20	611	—
Milk (condensed and dried) ...	4	—	3	—
Mince	13	5	27	10
Saccharin	—	—	—	—
Salad Cream and Mayonnaise ...	13	—	—	—
Sausage and Sausage Meat ...	23	1	149	22
Soft Drinks (excluding fruit juices)	50	2	—	—
Spices and Condiments	149	1	36	1
Spirits	2	2	14	—
Suet	9	—	1	—
Sugar and Confectionery ...	7	—	13	—
Synthetic Cream	—	—	—	—
Table Jellies	74	7	6	—
Tomato Ketchup and Sauces ...	16	1	1	—
Other Articles (including all articles not named above) ...	603	11	219	—
	<u>3,415</u>	<u>84</u>	<u>1,233</u>	<u>35</u>

THE MILK AND DAIRIES (SCOTLAND) ACT, 1914

THE MILK (SPECIAL DESIGNATIONS) ACT, 1949, AND
THE MILK (SPECIAL DESIGNATIONS) (SCOTLAND) ORDER, 1965

The number of formal and informal samples totalled 2,388. The average fat and solids-not-fat were 3·67 to 3·97 and 8·84 to 8·86 per cent. respectively. Designated milks sampled during the year totalled 1,132.

There were 5,346 visits of inspection made to dairies and during these visits attention was paid to hygienic practices and conditions, while 248 visits were made to the 29 byres of the 19 dairy farmers. These byres provide accommodation for 937 cows, although the average number kept over the year was 721.

There are now 1,829 registered dairies compared with 1,758 last year, an increase of 71. This number consists of 19 producers, 14 wholesalers (pasteurising establishments), 1,711 retailers and 12 vehicles from outwith the City. During the year there were 165 changes of registration.

The Ultra High Temperature milk plant continues to operate satisfactorily. All of 27 samples taken passed the tests.

Sterilised Milk.—No milk is sterilised in the City creameries. Eleven samples were obtained and were found to conform to the prescribed tests. The average fat and solids-not-fat contents were 3·62 per cent. and 8·15 per cent. respectively.

Premium Milk.—One hundred and fifty-nine samples were examined; 57 failed in one or other of the tests; 102 samples were in conformity or over the legal standard of 3·5 per cent. fat, the average being 4·47 per cent. Just over 965 gallons of this milk are sold daily.

Standard Milk.—Approximately 55 gallons are sold daily. The quality standard remained much the same as last year, 4·19 per cent. Only one fell below the fat standard of 3·0 per cent. One hundred and twenty-nine samples were uplifted and examined; 85 passed all the prescribed tests. The average composition was 4·19 per cent. fat and 8·92 per cent. solids-not-fat.

Pasteurised Milk.—The average daily sales of pasteurised milk rose slightly during the year to 98·75 per cent. of the total. Eight hundred and six samples were obtained, 727 of which passed each test, while only two were deficient in fat and only one contained added water. The average fat content was 3·82 per cent. and non fatty solids 8·63 per cent., slightly higher than last year.

MILK SUPPLIED TO THE HOSPITALS OF THE
REGIONAL HOSPITAL BOARD

			Examined	Failed
" Premium "	...	...	—	—
" Standard "	...	...	24	3
" Pasteurised "	...	...	288	44
			<hr/> 312	<hr/> 47
			<hr/> <hr/>	<hr/> <hr/>

Milk for School Children.—Only pasteurised milk is supplied to the City schools this year by seven contractors. One hundred and fifty-nine samples were examined in terms of the Milk (Special Designations) Order. One hundred and forty-eight passed each test, while thirty-three samples were subjected to the biological test and all gave negative results. The total consumption this year amounted to 1,279,480 gallons compared with 1,447,359 last year, a decrease of 167,879. The decrease is due to the alteration of the age group. The quality was maintained, 3·87 and 8·81 per cent. fat and non fatty solids, respectively.

Milk Dispensing Machines.—The bacterial standard continues to improve slowly. A legal bacterial standard would help to improve it still further.

One hundred and twenty samples were uplifted, of which 46, or 38·33 per cent., failed the coliform test prescribed in the 1965 Order for Pasteurised milk, i.e., coliforms absent from $\frac{1}{100}$ ml. Coliforms were present in 62, or 56·66 per cent., of the samples examined in $\frac{1}{10}$ dilution and 19, or 15·83 per cent., when examined in $\frac{1}{1000}$ dilution.

Dairy Cream—Food Standards (Cream) Order, 1951

There were 268 samples of dairy cream examined bacteriologically and 58 of these were considered unsatisfactory because of high count (over 50,000 per gr.) and/or the presence of coliform organisms. This is an improvement on last year's figures. In addition, 141 were examined in terms of the Order ; 12 failed to conform because of minor deficiencies of fat. The figure of 141 is higher than last year but the failures were fewer.

The result of all samples were reported to the dairymen concerned.

The efficient washing of bottles and cans was again satisfactorily carried out by the City creameries.

*The Ice-Cream (Scotland) Regulations, 1948, and
The Ice-Cream (Scotland) (Amendment) Regulations, 1948 to 1961*

The number of registered ice-cream dealers now stands at 341, 2 fewer than last year, while 411 Certificates of Registration are held in respect of vehicles, 4 more than last year. Certificates of Authorisation issued and recorded during the year numbered 237, being 42 fewer than last year. Inspections of ice-cream premises and vehicles numbered 2,063.

During the summer months, June to September inclusive, inspections were again made of ice-cream vehicles on Sunday afternoons. One dealer was found operating without a Certificate and fined £2.

Four hundred and thirty-three samples were obtained, of which 308, or 71.14 per cent., were satisfactory, compared with 295, or 75.23 per cent. last year. This year 125 (28.86 per cent.) of the samples failed in count of coliform, compared with 43 of 403, or 10.69 per cent. last year. Of the 433 informal samples taken 273 were subjected to both chemical and bacteriological examination, while 163 were sent for bacteriological examination only. Of the 273 samples, 14 (5.12 per cent.) failed to comply with the legal chemical standard, compared with 17 (6.41 per cent.) of the 265 samples taken last year. No sample failed in both fat and milk solids-not-fat.

Samples which failed any of the tests were followed up with advice and repeat samples taken invariably complied.

*The Labelling of Food Orders, 1953-1961, and
The Food and Drugs (Scotland) Act, 1956, Section 6*

Reports on prepacked foods showed that the provisions of the Orders and Act were complied with in general.

There were, however, several instances in which advisory action was taken :—

- (1) A Tomato Ketchup was found to contain artificial colouring matter but it was not declared in the list of ingredients. New labels were printed.
- (2) The wrapper of a prepacked Fish Dressing did not bear the name and address of the manufacturer or packer or a Trade Mark. This was rectified.
- (3) Australian Canned Meat was found to be deficient in meat content. All stocks were withdrawn and the contents used in a bakery conducted by the importers.
- (4) Ice Lemon Tea Mix was found on analysis to be simply lemon flavoured. The manufacturers were advised. The product was reformulated to include natural lemon.

*The Labelling of Food Orders, 1958-1961, and
The Food and Drugs (Scotland), Act, 1956, Section 6—Continued*

(5) Table Jellies

- (a) one was being sold under a trade mark indicated by (R). This symbol originated in America but is not recognised in this country. The firm concerned agreed to revert to the full words "Registered Trade Mark."
- (b) On another wrapper enclosing table jellies, glucose syrup was declared but none was found. This firm had new labels printed.
- (6) A White Wine being sold under a Brand name and bottled on licensed premises in the City did not have the name and address of the bottler on the label. This omission was readily rectified.
- (7) Aspirin Tablets were sold in small bottles. The name and address was not declared on the label.
- (8) The wording on the label affixed to a tube of Mustard indicated the ingredients had been wrongly listed. Labels on subsequent samples conformed.
- (9) A label affixed to a Soft Drink indicated that cyclamic acid and saccharin were present, but only saccharin was found. New labels corrected this error.
- (10) Two makes of Ice Lollies did not have the ingredients declared on the wrapper. Discussion with the local manufacturers had this remedied.

Public Health (Meat) Regulations (Scotland) 1932, Section 15

Eight certificates of approval, the same number as last year, were granted in respect of meat storage accommodation and 102 copies of these certificates, 7 more than last year, were issued for vehicles operating from these premises.

Imitation Cream

Food and Drugs (Scotland) Act, 1956, Section 16

The number of samples taken was 84 compared with 92 last year. Seventy-four, or 88·07 per cent., were satisfactory compared with 68, or 73·91 per cent. last year. These figures are based on the same standard as recommended for ice-cream, namely 50,000 colonies per gram.

Notices of unsatisfactory results were sent to bakers from whom such samples were obtained.

*Egg—The Liquid Egg (Pasteurised) (Scotland) Regulations, 1963
Pasteurised Liquid Whole Hen Egg (Packed in Glasgow)*

Only one company operates a breaking-out plant in the City. The other closed down during last year. In all the 23 samples submitted no *Salmonella* were isolated. They also conformed to the amylase test.

The Colouring Matter in Food (Scotland) Regulations, 1966

The following table indicates the kinds of colour and the number of instances in which the colour was found.

Occasions on which colour was found			Occasions on which colour was found		
Colour	1967	1968	Colour	1967	1968
Ponceau MX ...	1	5	Tartrazine ...	30	70
Ponceau 4R ...	2	2	Yellow 2G ...	1	5
Carmoisine ...	4	9	Sunset Yellow FCF	12	10
Amaranth ...	11	27	Oil Yellow XF ...	—	—
Red 10B ...	2	5	Green S ...	8	8
Erythrosine BS	11	6	*Blue VRS ...	1	—
Red 2G ...	10	5	Indigo Carmine ...	—	—
Red 6B ...	2	—	Violet BNP ...	3	2
Red FB ...	—	1	Brown FK ...	—	—
*Ponceau SX ...	1	1	Chocolate Brown FB	—	1
Fast Red E ...	3	—	Chocolate Brown HT	—	—
Orange G ...	2	—	Black PN ...	—	—
Orange RN ...	7	15	**Black 7964 ...	—	—
Oil Yellow GG	—	2			

These new Regulations came into operation on 1st July, 1967. Those marked * were deleted and the one marked ** was added.

Ponceau SX was found in Instant Chiffon—old stock.

Bye-laws for Regulating Street Trading

There was a decrease this year in the number of vehicles approved as having suitable storage accommodation from 1,391 to 996 and in the number of persons 332, 41 fewer than last year, engaged in trading from vehicles with storage facilities outwith the City or trading from vehicles only (selling out each day). These figures show an overall decrease of 436.

Inspections of vehicles and storage accommodation totalled 2,606. These inspections included observations taken on vehicles under operating conditions and on vehicles engaged in street trading on Sundays.

Letters directing the attention of street traders to faults infringing the Bye-laws and the Food Hygiene (Amendment) Regulations numbered 91, listing 318 faults. Individually these faults were of a minor nature, which nevertheless, could not be ignored; they were soon remedied.

Food Hygiene (Scotland) Regulations, 1959-1966

Inspections under the Regulations numbered 2,866 during which shortcomings were noted and improvements were effected by advice. In addition it was found necessary to issue 42 written intimations, listing 261 contraventions, to owners and occupiers of food premises.

The classes on Food and Food Hygiene conducted by the Extra-Mural Studies Department of the University of Glasgow continue to be attended to capacity. Talks continued to be given to Women's organisations, School Meals Service and Trade Organisations.

SPECIAL SANITARY OPERATIONS

(a) Food and Drugs, etc.—

	1962	1963	1964	1965	1966	1967	1968
<i>1. Dairies—</i>							
Registered during year ...	298	197	162	246	270	175	209
Removed from Register ...	248	153	161	272	307	166	148
On Register at 31st December	1,752	1,796	1,797	1,771	1,751	1,758	1,829
Number of Inspections ...	6,421	6,561	5,895	6,552	6,123	5,132	5,346
Contravention of Orders, Acts and Byelaws ...	29	1	2	12	13	5	—
Prosecutions for same ...	1	—	2	11	13	2	—
Repairs or Improvements effected ...	22	1	—	—	—	—	—
<i>2. Dealers in Ice-Cream—</i>							
Registered during year :							
Premises ...	17	23	15	16	17	11	9
Vehicles ...	65	102	81	60	80	58	49
Removed from Register ;							
Premises ...	32	29	31	42	39	36	11
Vehicles ...	44	106	180	88	67	41	45
On Register at 31st Dec. :							
Premises ...	438	432	416	390	368	343	341
Vehicles ...	491	504	405	377	390	407	411
Number of Inspections ...	2,357	2,564	2,192	2,299	1,983	1,940	2,063
Contravention of Acts, Orders or Byelaws ...	16	—	5	111	70	37	40
Prosecutions for same ...	—	—	1	—	4	—	—
Repairs or Improvements effected ...	3	—	4	—	70	37	40
<i>3. Byres for Milch Cows—</i>							
Number of Dairy Byres as at 31st December ...	37	37	36	36	31	29	29
Number of Cows Licensed for	1,134	1,166	1,025	1,025	969	937	937
Average Number kept ...	1,038	879	741	768	733	783	721
Number of Inspections ...	265	228	234	221	251	207	248

SPECIAL SANITARY OPERATIONS—*Continued**Food and Drugs, etc.—Continued—*

	1962	1963	1964	1965	1966	1967	1968
4. <i>Unwholesome Food—</i>							
Number of Inspections ...	9,198	9,243	9,406	9,636	9,494	9,558	9,391
Number of Lots dealt with ...	2,192	2,069	2,173	2,037	2,115	2,089	1,946
Nature of Food destroyed at							
Inspector's instance with	Tons	Tons	Tons	Tons	Tons	Tons	Tons
Owner's consent ...	130	107	143	126	188	230	227
	Cwts.	Cwts.	Cwts.	Cwts.	Cwts.	Cwts.	Cwts.
Assorted Foodstuffs ...	8	8	11	8	13	4	—
	Lbs.	Lbs.	Lbs.	Lbs.	Lbs.	Lbs.	Lbs.
	54½	½	75½	106½	32	110½	110
5. <i>Food and Drugs (Scotland) Act—</i>							
Informal Samples analysed ...	3,705	3,692	3,601	3,841	3,536	3,474	3,415
Statutory Samples analysed	1,370	1,371	1,355	1,411	1,349	1,304	1,233
Statutory Samples found non-							
genuine ...	36	41	32	29	33	47	35
Proceedings instituted ...	28	25	20	18	22	37	24
Number of Convictions ...	28	25	20	18	22	37	24
Amounts of Fines imposed ...	£190	£155	£135	£100	£120	£185	£152
Number dismissed or found							
"Not Guilty" ...	—	—	—	—	—	—	—
Number Deserted Simpliciter	—	—	—	—	—	—	—
Number No Action ...	1	1	—	—	—	—	—
Number Dismissed ...	—	—	—	—	—	—	—
Number Admonished ...	—	—	—	—	—	2	—
Number Acquitted ...	—	—	—	—	—	—	—

ABSTRACT OF COURT PROCEEDINGS

ADULTERATED SAMPLES AND CONTRAVENTIONS DURING 1968

No. of Com- plaints	Nature of Complaints and Alleged Offences	No. of Convic- tions	Amount of Fines Imposed	No. Admonished	No. Deserted	No. Action
---------------------------	---	----------------------------	-------------------------------	-------------------	-----------------	---------------

Food and Drugs (Scotland) Act, 1956

15	<i>Sausages—</i>					
	Contained an excess of preserv-					
	atives ...	15	£107	—	—	—
9	<i>Mince—</i>					
	Contained preservative during					
	prescribed period ...	9	45	—	—	—
24		24	£152	—	—	—

Ice-Cream (Scotland) Regulations, 1948

1	<i>Ice-Cream Vehicle—</i>					
	Not registered ...	1	£2	—	—	—
1		1	£2	—	—	—

*Other than Food and Drugs Act**The Milk and Dairies (Scotland) Act, 1914*

4	Carrying on the business of a					
	Dairyman without a Certifi-					
	cate of Registration ...	4	£33	—	—	—
4		4	£33	—	—	—
29	Grand Total ...	29	£187	—	—	—

SECTION XV

AIR PURIFICATION

Previous Reports have clearly shown the necessity for the control of air pollution and little further comment on this aspect is required. The great majority of the people are in favour of smoke control, particularly where the advantages of clean air can be demonstrated. The problem now is not so much convincing the public of its need, but the speeding up of the implementation of its remedies. The exhaust fumes from the ever increasing number of road vehicles could undoubtedly become a source of considerable pollution within the major City centres. Congested streets, with slow moving traffic discharging fumes at pavement level, can create an atmosphere which is offensive both to the senses and well-being of the public at large.

Road vehicles come under two headings: diesel engines and petrol engines. Diesel engines, when badly operated and maintained, emit offensive smoke and fumes, especially under heavy load conditions. Air pollution from petrol engines, on the contrary, is not so apparent, though they may emit carbon monoxide which is an invisible, odourless and poisonous gas. It is quite natural, therefore, that the public, being smoke control conscious, should aim most of their complaints and criticism at the perpetrator of the obvious, namely, the diesel engine. The Ministry of Transport, with their roadside checks, can reduce this problem, but to achieve any degree of success will require a considerable increase in the number of test vehicles throughout the country.

Continuous air sampling was carried out during the year by this Department in co-operation with the Department of Technology to determine the level of carbon monoxide concentrations at a busy intersection in the City centre. At no time were these concentrations at a level which would cause concern.

Cars now being exported to the United States must have their engines adapted to meet the rigorous requirements relevant to engine exhaust fumes. It is to be hoped that the British Government will take the necessary steps to control motor vehicle emissions in a similar way in the not too distant future.

In some respects river pollution and air pollution are alike. The pollutants in both cases are man-made and are detrimental to the healthy environment of the area. They do, however, differ fundamen-

tally in the fact that whereas river pollution is contained within its water course, air pollution can be carried a considerable distance by wind drift. As air pollution is no respecter of boundaries or frontiers, the problem is no longer confined to one country but has now become international. The amount of control and research being carried out in the civilised countries throughout the world is indicative of their awareness of the problem. It is abundantly clear that if we are to achieve our aim of a clean atmosphere, all authorities must participate and co-operate in the control of air pollution.

CLEAN AIR CAMPAIGN

The effect of the City's Clean Air Campaign is becoming more evident from year to year. Glasgow's progress in air purification is second to none in the country. This, however, does not justify any relaxation of the campaign. Only when the whole City is a Smoke Control Area and the adjoining Burghs and Counties likewise, can "Glasgow Flourish" in a clean and bright atmosphere.

The Corporation's proposals to have the whole City smoke free by the mid-1970's are being steadily implemented. The Knightswood (No. 1) and (No. 2) Smoke Control Areas came into force on the 30th September, 1968, bringing the total number of premises under Smoke Control (Area Orders) to 145,425. Orders in respect of Fairfield and Whiteinch Wards, excluding areas subject to re-development, were approved by the Secretary of State on the 28th October, 1968, with the date of operation 31st October, 1969. The total number of premises under Smoke Control Area Orders will then be 156,955.

Preliminary survey work in respect of the Yoker and Kelvinside Wards is almost complete. It is hoped to place Orders for these Wards before the Corporation in the Spring and Autumn of 1969 respectively. Further preliminary survey work is being undertaken in the Maryhill Ward.

It is expected that by the end of 1969 the acreage of the City covered by Smoke Control Area Orders will be 57 per cent. covering 44.3 per cent. of the houses and 47 per cent. of the population. The map on page 296 and table on page 297 illustrate the progress made since the inception of the campaign.

Supplies of smokeless fuels have been reasonable and as stated in previous reports "Gloco" is gradually being replaced by the premium fuels "Rexco" and "Coalite", the manufacturers of which have, and still are, expanding their plants to meet the additional demand.

1968 has seen the introduction of a smokeless briquette manufactured by "Rexco". "Rexco" hope to be in full production with this relatively cheap smokeless briquette by early 1969. As mentioned in the 1967 Report, grant is now available for fan assisted open fires thus allowing the use of the cheaper hard cokes (Sunbrite) to be used in the open fire. The drop away in the numbers of households retaining open fires continues but has levelled off at approximately 26 per cent. as against 58-60 per cent. several years ago.

The Clean Air Council for Scotland has considered the report of its Special Sub-committee appointed to look into the applications made to the Department of Health and Social Security to give consideration of additional financial aid to aged persons and the like who are encountering hardship in complying with the terms of the Clean Air Act. As a result of this Report a Scottish Development Department circular was issued to all Local Authorities directing them to advise their Welfare Officers, etc., to send cases of hardship to the Local Manager of the Department of Health and Social Security.

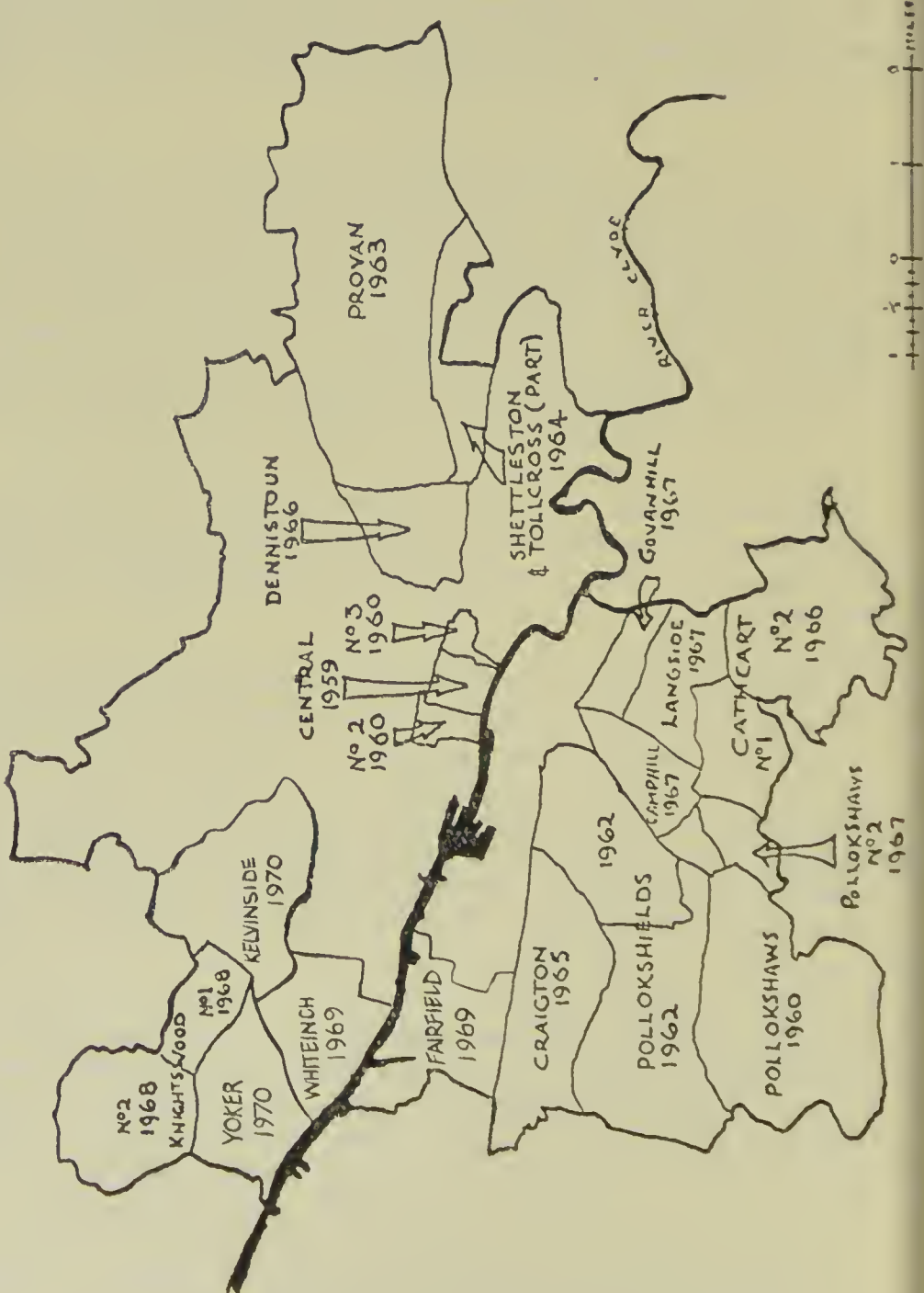
The Department of Health and Social Security has not agreed to any increase in Supplementary Benefits but have agreed to review the position on reports received from their Local Managers some time in 1969.

The Private Members' Clean Air Bill mentioned in the 1967 Report received the Royal Assent on 25th October, 1968 and is now the Clean Air Act, 1968, which will come into operation on a day or days to be appointed by the appropriate Minister. The Scottish Development Department has indicated that Sections 2, 6 and 8 to 15 together with Schedule 1 (with the exception of paragraphs 2, 5, 8, 9 and 11) and Schedule 2 of the Clean Air Act, 1968, will come into force on 1st April, 1969. Apart from procedural points, the provisions in question are—Section 2 which widens the scope of the control over emissions of grit and dust from furnaces; Section 6 which requires the approval of Local Authorities for chimneys serving new or enlarged furnaces; Section 8 which enables the Secretary of State to require Smoke Control Areas to be established and Section 9 which prohibits the sale of bituminous coal in Smoke Control Areas. The Clean Air Act, 1968, adds strength to the existing Clean Air Act, 1956, and must be considered one of the highlights of the Clean Air Campaign.

Since the inception of the Clean Air Act, 1956, Glasgow has made steady progress in its campaign to be smoke free.

The City now has 156,955 premises under Smoke Control Area Orders and next year this total will be increased to some 176,000 premises.

CORPORATION OF THE CITY OF GLASGOW
CLEAN AIR ACT 1956 — SMOKE CONTROL AREAS.



CLEAN AIR ACT, 1956 — SMOKE CONTROL AREAS.

297

Area.	Date of Order.	Date of Approval by Secretary of State.	Order comes into Force.	Acreage.	No. of Industrial Premises.	No. of Commercial Premises	No. of Dwellings.	No. of Other Premises
Central	11th Dec. 1958	15th April, 1959	15th Oct., 1959	201	420	3,546	253	34
Central No. 2 (Ex-tension West of Central)	24th Dec., 1959	29th Mar., 1960	15th Oct., 1960	160	113	2,154	634	45
Central No. 3 (Ex-tension East of Central)	24th Dec., 1959	29th Mar., 1960	15th Oct., 1960	91	48	341	1,436	15
Pollokshaws ...	24th Dec., 1959	29th Mar., 1960	15th Dec., 1960	2,794	36	85	10,620	203
Pollokshields ...	9th June, 1960	26th April, 1961	15th May, 1962	1,239	22	252	3,810	81
Pollokshields (No. 2)	22nd Dec., 1960	29th Aug., 1961	30th Sept., 1962	2,010	3	54	6,630	49
Provan	21st Dec., 1961	4th April, 1962	15th May, and 16th Aug., 1963	4,845	40	185	22,168	66
Craigton	20th Dec., 1962	27th May, 1964	30th Sept., 1965	1,566	29	244	12,257	87
Shettleston & T'cross	29th April, 1963	24th Oct., 1963	30th Sept., 1964	610	19	53	5,420	20
Dennistoun ...	19th Dec., 1963	17th March, 1965	31st Oct., 1966	689	38	495	8,644	74
Cathcart (No. 1) ...	10th Sept., 1964	12th March, 1965	31st Aug., 1966	641	4	387	5,260	57
Cathcart (No. 2) ...	10th Sept., 1964	12th March, 1965	31st Aug., 1966	2,096	3	300	13,797	36
Pollokshaws (No. 2)	10th Sept., 1964	6th June, 1966	31st Aug., 1967	288	Nil	39	1,931	7
Camphill	23rd Dec., 1965	30th Aug., 1966	30th Nov., 1967	481	16	761	8,039	143
Govanhill	23rd Dec., 1965	30th Aug., 1966	30th Nov., 1967	365	10	587	9,165	29
Langside	23rd Dec., 1965	30th Aug., 1966	30th Nov., 1967	801	10	495	9,326	192
Knightswood (No. 1)	15th Sept., 1966	23rd Aug., 1967	30th Sept., 1968	544	12	87	3,944	85
Knightswood (No. 2)	15th Sept., 1966	23rd Aug., 1967	30th Sept., 1968	1,070	5	162	9,994	222
Whiteinch	12th Aug., 1968	28th Oct., 1968	31st Oct., 1969	790	30	324	6,759	105
Fairfield	12th Aug., 1968	28th Oct., 1968	31st Oct., 1969	1,299	63	151	4,034	64

SUMMARY OF DISTRICT WORK CARRIED OUT IN 1968

The control of emissions from industrial chimneys within the City boundary comes under the jurisdiction of this Department. Each inspector is allocated a district in the City and is responsible for its smoke control. Should legal action be considered against premises committing an offence, the inspectors work in pairs for the corroboration of evidence in Court. By and large, this section has always had an excellent response from industrial management. This could be attributed to the fact that all the inspectors are qualified marine engineers and conversant with combustion processes. Their practical experience has proved invaluable when discussing a pollution problem with the management of a firm, particularly a small firm who do not employ an engineer. It is clear now that industry is fully aware of the requirements and implications of the Clean Air Act, 1956, and is endeavouring to put its house in order. Many firms who had particular smoke and fume problems with their processes, previously considered insurmountable, have made strenuous efforts to abate the nuisance.

Tribute must be paid to the National Industrial Fuel Efficiency Service for their valuable contribution to the reduction in air pollution. Their expertise has been utilised by a number of industrial concerns, with the resultant increase in boiler efficiency, and reduction in the amount of pollution discharged to the atmosphere.

The following summary indicates the extent and general pattern of the field work carried out by the staff during the year under review :—

Number of observations of industrial chimneys	...	...	5,418
Number of inspections of steam boilers and other furnaces	...	...	1,796
Number of intimations of excessive smoke	...	...	991
Number of locations inspected with respect to applications for Prior Approval (Section 3 (2))	...	...	137

The above figures are inclusive of both routine and special observations and take account of work in the harbour areas but exclude the numerous visits to domestic premises within the Smoke Control Areas.

Observations are carried out in all the Smoke Control Areas during the normal working hours together with late and week-end duties when necessary. There are still a number of coal merchants retailing bituminous coal in these areas. The Clean Air Act, 1968, which comes into force some time in 1969, will give the local authorities power to prosecute both the merchants who sell this fuel and the tenants who buy it in the Smoke Control Areas. It is quite clear that the arrangement with the Coal Merchants' Association, mentioned in previous Reports, has been a complete failure.

INVESTIGATION OF COMPLAINTS

Though the complaints dealt with have increased on last year's figure, the number is in keeping with the rate of growth of the Smoke Control Areas. It is perfectly understandable that tenants who live in a Smoke Control Area should complain about offending chimneys "which stick out like sore thumbs".

This aspect of the work is important since it can often pinpoint the defaulters. In many cases it has been found that complaints of smoke from domestic premises occurred during the lighting period when the tenant was using a plate across the fire front to increase the draught, causing the emission of a grey smoke from the authorised fuel for a short period. In a number of cases it was found that the fires were being kindled with coal before using the smokeless fuel. This practice is being discouraged and advice given on the best means of igniting these low volatile fuels. Tenants who do not have gas ignition have found wax firelighters to be very suitable for kindling.

A number of complaints of smoke, fume and grit emission from commercial and industrial premises were dealt with during the year under review. The use of unsuitable fuels, faulty stoking and breakdowns of both oil burning and mechanically fired solid fuel stokers were the main causes of the infringements. Allowances are made, under the Clean Air Act, 1956, for smoke emission during the lighting up from cold in a boiler and for the cleaning of fires, provided every effort is being made to minimise these emissions. Most plant users collaborate in removing offensive conditions but one or two recalcitrant individuals are met with. Each case is judged on its technical and practical merits.

GRIT, DUST AND FUME EMISSION

Reference was made in last year's Report to the considerable dust emission from Braehead Power Station. The Health and Welfare Committee made representations to the Secretary of State requesting that consideration be given to the conversion of this Station to oil firing. The Secretary of State duly notified the Committee that he could not agree to the conversion at the present time but if no satisfactory alternative solution to the grit and dust problem was found, he would be prepared to consider a renewed application for conversion, starting in the summer of 1970 for completion in 1971.

The Secretary of State stated that in reaching this decision he had to balance the economic and technical advantages against other and wider social implications.

The partial conversion to oil firing of Dalmarnock Power Station in 1966 relieved the area of a considerable amount of grit deposit. The recent Government fuel policy, which gives priority to coal firing in Electrical Generating Stations, has had the effect of a rise in the grit burden over the area, since the coal fired boilers are now working at top load ; the oil fired units being merely load augmenters. This has been a retrograde step as far as the amenity of the area surrounding this Station is concerned.

Several coal fired boilers throughout the City which were discharging excessive grit were inspected and recommendations were made to have this nuisance abated. In some plant a simple settlement chamber achieved the desired effect, whereas in other cases it required the installation of a grit arrestor. The cost of some of these arrestment units is quite high, and since they are non-productive, the co-operation of the managements concerned was greatly appreciated by this Department.

A number of fume and noxious vapour complaints were dealt with during the year. The operations which usually cause fumes include metal refining cupolas and pots, heat treatment furnaces, incinerator units, chemical production and open fire burning of scrap cars, etc.

The burning of scrap car bodies was a particularly bad source of noxious smells and smoke as a great deal of the material being burned consisted of rubber and plastic. Most of the merchants employed in this trade were visited by the inspectors and notified that the practice of burning cars would not be tolerated. There was a marked decrease in the number of these complaints by the end of the year.

In a number of complaints concerning gases of a complex chemical nature, the assistance of the Chief Alkali Inspector was sought.

One case in particular was a Chemical Company in the south-east of the City which is situated in close proximity to a new multi-storey development. Since the multi-storey blocks were to be twice the height of the factory chimney it was quite apparent that under certain conditions the gas plume would impinge on the flats. The Alkali Inspector submitted the maximum permissible concentrations for the various constituents in the flue gases to the management of the Chemical Company and twenty manufacturers of gas-washing equipment were requested to tender for the work. Only two firms could meet the environmental levels given by the Alkali Inspector and the best of these was accepted. It was found that some of the compounds in the

gases had extremely low odour threshold values which could not be washed out in the scrubbing plant. Experiments are at present being carried out with a masking agent to try to neutralise this unpleasant odour.

CLEAN AIR ACT, 1956, SECTION 3 (PRIOR APPROVAL APPLICATIONS)

There was an increase in the number of applications submitted in 1968, mainly due to the modernisation of industrial plant. Most of these applications related to the change-over from solid fuel to oil firing.

Section 3 of the Act requires that the local authority is notified of any proposed new furnace installation or alteration to existing plant above the rating of 55,000 B.Th.U./hr. A questionnaire is also provided requesting details of the type of plant, method of firing, type of fuel and rating of boiler. If these specifications satisfy the conditions of Section 3 of the Act, the application is granted approval.

Each application requires a visit to the proposed site so that the location and height of chimney can be determined in relation to the adjoining properties.

Problems have arisen from applications relevant to chimneys in the centre of development areas, as they are frequently in close proximity to multi-storey blocks. In some cases where the boiler units were adjacent to office blocks the installers were required to use only gas or electricity for the heating of the plant. This problem of installing in a multi-storey complex could largely be overcome by the use of one central boilerhouse for district heating which would relieve the Planning Department of the problem of high individual chimneys, which are aesthetically unsatisfactory but nevertheless essential to dissipate the products of combustion without annoyance to the locality.

SHIPPING IN RIVER AND HARBOUR AREAS

Systematic observation was maintained in the dock and river areas during the year and a number of special complaints were intimated to the Department. These usually referred to vessels either berthing or raising steam preparatory to departure.

During the manoeuvring period when a steamship is berthing, there are times when it is difficult to avoid periods of smoke emission since a considerable number of engine movements are required which necessitate frequent "flashing-up" of furnaces.

Most of the ships' staffs are aware of the implications of the Clean Air Act, 1956, and endeavour to comply with them, though lapses do occur. Ship stokehold practice varies considerably from that on shore and the smoke inspectors with their marine experience are qualified to discuss with the staff the best practical means of minimising any smoke emission. It should be noted that while a vessel is in port the boiler plant has to supply steam to the various services of the ship—winches, heating, galley, etc., and also carry out boiler and auxiliary plant repairs.

The frequent visits to the vessels berthed in the port by the inspectors have greatly reduced the number of complaints. During the year 23 intimation notices were served on vessels. A number of these referred to foreign registered ships and their respective agents and consuls were duly notified of the offences.

PROSECUTIONS TAKEN DURING THE YEAR

During the year under review 176 prosecutions were taken in respect of contraventions of Section 1 or Section 11 of the Clean Air Act, 1956. The majority of these cases were tenants in the Smoke Control Areas who were burning coal in their fireplaces.

A total of 784 warning letters were sent to first offenders in the Smoke Control Areas. It has always been our policy to give tenants in the new Smoke Control Areas an opportunity to "mend their ways" if they have been reported for emitting smoke from their chimneys during the early weeks of the enforcement of the Order. Only a very few of those who received a warning letter have been reported on a second occasion.

The inception of the Camphill, Govanhill and Langside Smoke Control Areas on the 30th November, 1967, and the Knightswood Nos. 1 and 2 Areas on the 30th September, 1968, accounts for the majority of the warning letters sent out, the remainder being sent to old age pensioners or people who are genuine hardship cases.

All the cases were dealt with by the Stipendiary Magistrates at the Central and Marine Courts. The following are the findings of the Courts :—

- 3 Pled guilty and were each fined £5
- 2 Pled guilty and were each fined £4
- 36 Pled guilty and were each fined £3
- 32 Pled guilty and were each fined £2
- 68 Pled guilty and were each fined £1
- 23 Pled guilty and were admonished
- 5 Failed to appear—warrants issued
- 7 Cases deserted *pro loco*
- 84 Cases pending.

PLANT IMPROVEMENTS DURING THE YEAR

Though the primary function of the inspectors is to observe and record contraventions of the Clean Air Act, 1956, advice on practical remedial measures which could be adopted to minimise or eliminate a combustion problem is always given. Such improvements can be many and varied, entailing at times a considerable expenditure, whilst others less costly can have an immediate effect. The heightening of a chimney to improve draughting conditions or to carry the gases clear of the surrounding property is a good example of the latter.

The present credit squeeze does not appear to have had much effect on the tempo of modernisation of boiler plant. The trend is still to convert solid fuel fired plant to oil firing or to install a completely new oil fired boiler. Many of the smaller oil fired installations are now using low viscosity oil, commonly known as gas oil, which has a low sulphur content. The Corporation of Glasgow Heating and Ventilating Section are very much to the fore in this trend with their conversion programme for schools, libraries, etc. The use of gas oil considerably reduces the amount of SO_2 discharged into the atmosphere.

The following is a summary of the plant improvements recorded during the year 1968. The installation of complete new boiler plant with the necessary auxiliaries to replace inefficient units and the provision of improved types of process furnaces come within the first category, while new draught systems, grit arrestors, economisers, etc., come under the heading of other improvements.

Number of new boilers installed to give increased capacity ...	187
Number of oil fired air heaters installed	54
Number of mechanical stokers fitted to steam boilers or other furnaces	2
Number of new chimncys erected or existing chimncys heightened	167
Number of steam boiler or proccss furnaces converted to oil firing	19
Number of improvements not included under the above headings	5

The above list does not include repair work done on existing installations such as fittings, flues, dampers or draughting systems, etc.

A few of the major improvements recorded during the year are as follows :—

A large firm in the south-east of the City which manufactures wood products was finding difficulty in complying with the Act when burning the waste material in their boilers. Complaints were lodged by neighbouring tenants about fly-ash and smoke being emitted from this boiler chimney. After consultation with the management they agreed to install a new furnace which would burn the wood waste

efficiently. This firm has now installed a water tube boiler with a specially designed furnace and oil fired after burner. This plant has been in operation for some months now and conditions are satisfactory.

Two large water tube boilers in an east-end steelwork have been converted to oil firing. Previously these units were coal fired and the subject of several complaints. This converted plant can now meet the steam demand of the works comfortably without any smoke emission.

Another hospital near the City centre has completed its boiler modernisation programme. The solid fuel fired boilers have been replaced by two steam package boilers with oil fired systems. As this boilerhouse is in close proximity to office development, the chimney serving these units was heightened to facilitate the disposal of the gases without annoyance to the locality.

The heating plant for a new college in the south-side is a good example of a modern boilerhouse layout. It consists of two oil fired package type boilers and is fully instrumented. Though heavy fuel oil is being used, the chimney height is substantial and can adequately dissipate the SO_2 in the flue gases.

Two of the City's public halls in the south-west area have had their solid fuel fired sectional heating boilers converted to oil firing. The original heating systems had been a source of several complaints, mainly due to the fact that the operators of these plants have other duties to carry out and were unable to give the firing of the boilers enough attention. The converted systems are operating very successfully.

A firm in one of the Industrial Estates was notified on several occasions that the emission of smoke from their solid fuel fired boiler was excessive. It was established that the boiler was not capable of dealing with the load and was being forced. The management was requested to install additional plant to meet the load, as the current smoky conditions could not be tolerated. Early this year a new oil fired boiler was installed and conditions are now good.

The Corporation Baths Department has also been modernising its boilerhouses. In many cases the obsolete solid fuel fired water tube boilers have been replaced by oil fired package boilers which have given a much better efficiency with a corresponding reduction in air pollution. Many of these old boilers were a source of grit and dust

complaints in the past. Where the boiler plant is still in good condition, conversion from solid fuel firing to oil firing has been carried out. The latest conversion under this category is one of the Baths in the northern area.

A firm in an Industrial Estate in the east-end had received several visits from the inspectors regarding smoke emissions from their boiler chimney. As no apparent effort was made to abate this infringement of the regulations, action was taken against this firm for contravention of Section 1 of the Clean Air Act, 1956. Following this prosecution, the boiler was converted to oil firing and conditions have been good since.

Many other improvements, though not of the same magnitude, have been carried out during the year, and all have contributed to the reduction of air pollution.

EDUCATION—ANNUAL COURSES IN BOILERHOUSE PRACTICE, FUEL EFFICIENCY AND SMOKE ABATEMENT

For over 50 years this Department has been interested in and closely associated with education in the field of smoke abatement. It is believed that Glasgow organised the first course in the subject as far back as 1910. Excluding the first war years, annual courses have been offered to firemen, boiler attendants and others concerned with and interested in combustion efficiency and smoke abatement. In continuance of this policy of educational training the 53rd annual winter session was carried on during the year under the joint auspices of the Scottish Division of the National Society for Clean Air and the Health and Welfare Department of the Corporation of Glasgow. The courses commenced on 29th October, 1968, and finished on 18th March, 1969. Two lectures were given weekly on Tuesday and Thursday evenings, between 7.30 and 9.15 p.m., a total of 35 during the session. Technical film shows were also given on two evenings and class visits were made to Provan Gas Works and Braehead Power Station. The fee for the course was the nominal sum of 7s. 6d.

A total of 26 enrolled, 15 in the Ordinary or first year class and 11 in the Advanced or second year class. Though overtime and shift work does interfere with sustained attendance, the weekly turnout was good. Average attendances for the Ordinary class were 79 per cent. and in the Advanced class 81 per cent. The class examinations were held on 25th March, 1969, between the hours of 7.00 p.m. and 9.30 p.m. in the Lecture Room, Health and Welfare Department,

Glasgow, C.1. A total of 15 candidates sat for the examination and 9 men in the Ordinary and four in the Advanced gained merit certificates. These certificates were presented together with the book prizes at a meeting attended and addressed by members of the Corporation and Clean Air Society.

ATMOSPHERIC POLLUTION ESTIMATION, RECORDING AND INSTRUMENTATION

The testing of atmospheric conditions throughout the City is the responsibility of a technical assistant whose duties include the supervision and recording of the observations obtained from all the instruments. This work is carried out in conjunction with the Department of Technology.

He also acts as liaison officer to the Universities, Technical Colleges and Schools for the various topics coming under the general heading of atmospheric pollution.

The apparatus at present in use for the purposes of air pollution measurement is as follows :

Standard Deposit Gauges (Soot, Grit and Dust)

Glasgow Area ...	...	11 Stations
Country Areas ...	...	3 Stations

Volumetric Apparatus (Smoke and Sulphur Dioxide)

Glasgow Area	17 Stations
------------------	-----	-------------

DEPOSIT GAUGES

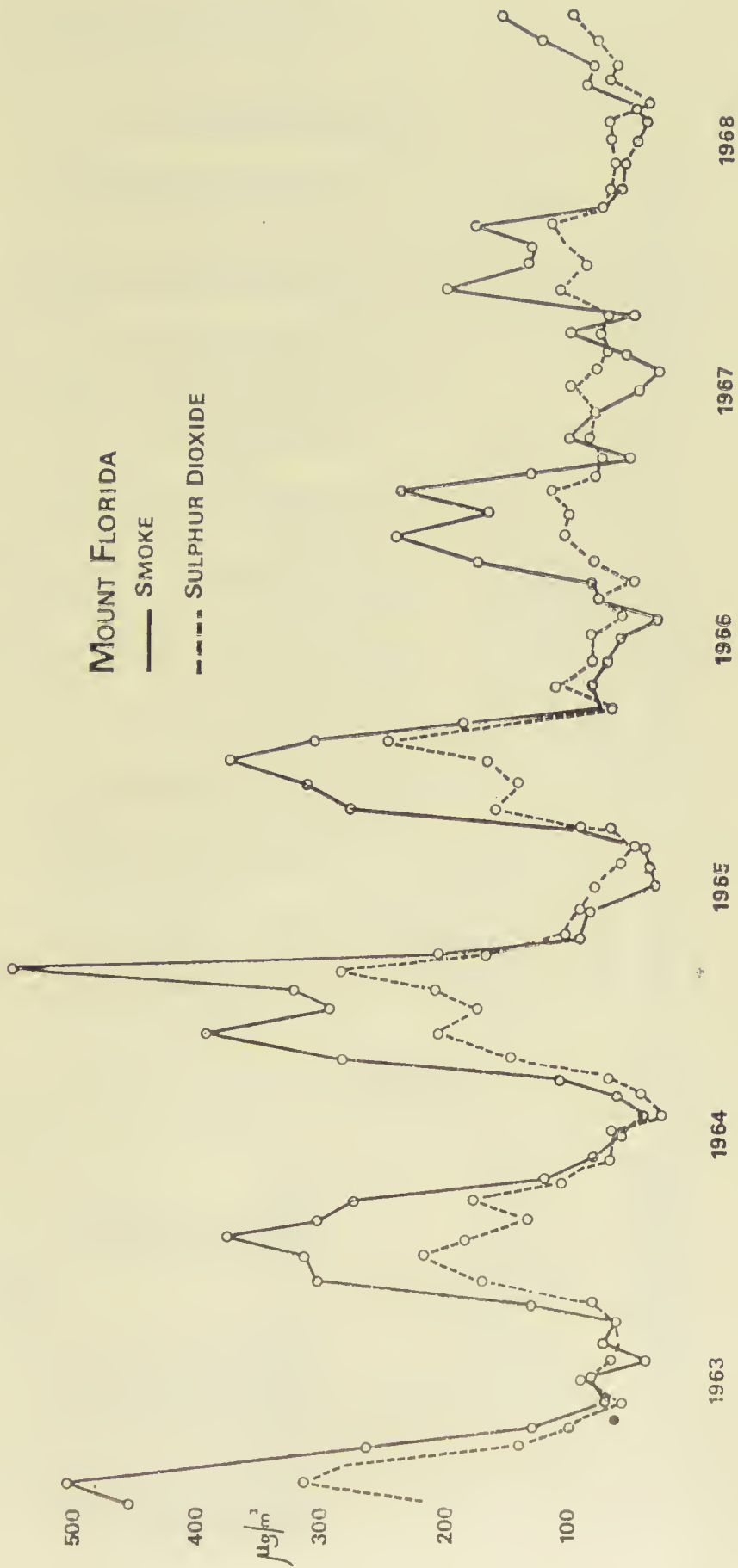
The contents of the standard deposit gauges are analysed by the Corporation Chemist and the results tabulated over the past year are shown on page 308. The slightly higher figures at the beginning of the year may be attributed to the gales in January which caused a considerable amount of grit, etc., to be lifted from the ground and added to the contents of the gauges. Another source was the burning of leaves and garden refuse in the parks where instruments were sited.

VOLUMETRIC SMOKE/SO₂ APPARATUS

The graph shown on the opposite page consists of the average daily readings for each month of the years shown at a site on the south side of the City. The area to the south of this instrument, sited at Mount Florida, came under Smoke Control Orders in 1966. It can be seen that there has been a reduction in both smoke and SO₂ since then, although the SO₂ reduction is not quite so dramatic as that of the smoke concentration.

VOLUMETRIC MEASUREMENT OF SMOKE AND SO₂ CONCENTRATIONS

Monthly averages in microgrammes per cubic metre



AVERAGE DEPOSIT OF EACH ELEMENT OF ATMOSPHERIC POLLUTION FOR EACH MONTH OF 1968

ENGLISH TONS PER SQUARE MILE

	Month	Rainfall in millimetres	INSOLUBLE MATTER					Included in Soluble			TOTAL SOLIDS					
			Tar	Carbonaceous less Tar	Ash	Total Insoluble Matter	Total Soluble Matter	Sulphate as SO ₄	Chloride as Cl.	Total Solids, 1968	1967	1966	1965	1964	1963	1962
Mean of 7 Stations	January ...	81	0.31	2.70	8.55	11.56	16.88	2.84	6.99	28.44	11.57	21.37	20.86	19.25	20.85	38.27
Mean of 6 Stations	February ...	50	0.23	1.32	3.26	4.81	3.92	1.16	0.55	8.73	18.38	23.62	10.11	14.22	7.62	20.84
Mean of 6 Stations	March ...	92	0.15	2.63	7.66	10.44	10.48	2.99	3.51	20.92	23.34	15.63	24.51	20.09	23.64	18.68
Mean of 6 Stations	April ...	61	0.09	1.89	4.68	6.66	2.79	1.37	0.36	9.45	11.56	12.17	16.99	21.38	14.59	19.33
Mean of 8 Stations	May ...	125	0.26	2.13	5.21	7.60	6.61	1.95	0.58	14.21	13.76	16.42	11.37	13.50	14.73	20.62
Mean of 9 Stations	June ...	37	0.17	2.02	4.31	6.50	2.64	0.81	0.29	9.14	12.52	14.85	15.01	14.87	12.12	13.12
Mean of 11 Stations	July ...	73	0.16	1.82	2.82	4.80	3.49	1.04	0.23	8.29	6.62	9.10	10.35	12.96	10.08	9.24
Mean of 10 Stations	August ...	61	0.11	2.23	3.05	5.39	2.55	0.90	0.19	7.94	7.72	14.74	13.37	16.49	11.36	10.92
Mean of 10 Stations	September	155	0.32	2.65	5.95	8.92	8.14	2.55	0.77	17.06	6.76	11.14	13.52	12.71	13.63	20.73
Mean of 10 Stations	October ...	119	0.19	2.07	3.62	5.88	6.39	1.76	1.56	12.27	17.79	13.18	19.79	16.56	10.00	14.03
Mean of 10 Stations	November	88	0.23	2.90	5.64	8.77	3.26	1.14	0.87	12.03	9.20	27.78	13.80	18.80	23.62	18.40
Mean of 11 Stations	December	34	0.41	1.93	4.69	7.03	2.67	0.89	0.60	9.70	9.86	17.73	20.27	18.35	17.25	21.37
Yearly Deposit in Tons per square mile		976	2.63	26.29	59.44	88.36	69.82	19.40	16.50	158.18	149.08	191.73	189.95	199.18	179.49	225.55
Monthly Mean of All Gauges ...		81	0.22	2.19	4.95	7.36	5.82	1.62	1.38	13.18	12.42	16.23	15.83	16.60	14.95	18.80

SECTION XVI

GENERAL SANITARY OPERATIONS

The following is a report submitted by the Chief Sanitary Inspector, Mr. James Jackson, on the work of his section of the Department.

The City is divided into 37 Wards which, for convenience, are administered in five Public Health Divisions.

EAST.			NORTH.			CENTRAL.		
Ward No.			Ward No.			Ward No.		
1.	Shettleston and Tollcross.		8.	Cowlairs.		11.	Exchange.	
2.	Parkhead.		9.	Springburn.		12.	Anderston.	
3.	Dalmarnock.		10.	Townhead.		13.	Park.	
4.	Calton.		14.	Cowcaddens.		19.	Kelvinside.	
5.	Mile End.		15.	Woodside.		20.	Partick (East).	
6.	Dennistoun.		16.	Ruchill.		21.	Partick (West).	
7.	Provan.		17.	North Kelvin.		22.	Whiteinch.	
			18.	Maryhill.		23.	Yoker.	
						24.	Knightswood.	
SOUTH-EAST.			SOUTH-WEST.					
Ward No.			Ward No.					
25.	Hutchesontown.		27.	Kingston.				
26.	Gorbals.		28.	Kinning Park.				
33.	Camphill.		29.	Govan.				
34.	Pollokshaws.		30.	Fairfield.				
35.	Govanhill.		31.	Craigton.				
36.	Langside.		32.	Pollokshields.				
37.	Cathcart.							

The area, population and average density (persons per acre) of each Division in the year 1968 were as follows :—

			Area	Population	Density
Central	...	...	7,050 acres	196,331	28
North	...	...	8,172 „	177,787	22
East	...	...	8,855 „	224,774	25
South-East	...	...	8,246 „	205,226	25
South-West	...	...	7,402 „	140,916	19
City	...	...	<u>39,725</u> „	<u>945,034</u>	<u>24</u>

North of the River—598,892 South of the River—346,142

City Total—945,034

The following table, which is based on information supplied by the City Assessor, shows the number of occupied and unoccupied houses in each Division as at Whitsunday, 1968 :—

			Number of Houses		
			Occupied	Empty	Total
Central	...	...	65,610	2,415	68,025
North	...	...	60,652	4,259	64,911
East	...	...	70,730	2,491	73,221
South-East	...	...	67,044	1,527	68,571
South-West	...	...	45,277	1,545	46,822
City			309,313	12,237	321,550

The work of this section is summarised in Appendix Table XV—"Operations of Sanitary Section"—and the following is a report.

My predecessor in office, Mr. W. B. Easton, retired in the autumn and his short term of office was virtually taken up in the reclamation of properties damaged by the great storm which swept over Glasgow on 14th/15th January, 1968. In fact, the work of this section of the Department was severely curtailed on account of the storm and this is reflected in the statistics for 1968.

The staffing position in the Sanitary Section is still acute and gives cause for concern. The establishment for the five sanitary divisions is 88 and, at the end of the year, there were 44 inspectors and 36 apprentices on the staff. In the next intake of apprentices in 1969 the remaining vacancies in establishment will be filled in an effort to ensure in future years sufficient qualified staff. From 1962 when there were 67 qualified inspectors there has been a gradual decline to the present number of 44.

There is no doubt therefore, because of the shortage of staff, that the section is unable to carry out all the duties demanded and work is done according to its immediate priority.

Until last year, apprentices were working in the Department for four days out of five as they were attending day release classes. Now that block release classes have commenced, apprentices attend for eleven weeks in the year.

At annual leave periods or in emergencies such as were experienced in January or during the enteritis outbreak in August, the staff is stretched beyond the point of efficiency in maintaining the work of the Department at a reasonable level.

The work load has increased as a result of various new enactments and in the Central Division, in particular, several thousand inspections are still necessary to complete the first survey in terms of the Offices,

Shops and Railway Premises Act, 1963. In this same Division inspections to the many food establishments cannot be carried out even at reasonably long intervals.

The work involved in slum clearance has also increased and a record figure of 5,894 houses were inspected and reported on for condemnation in 1968 compared with 1,812 in 1962, when the number of inspectors was much greater.

There is no doubt whatsoever that compared with other Local Authorities, work in Glasgow is of an onerous nature which does not receive recognition by the Corporation. This is a point which should be taken into consideration when salary gradings come under review if this section is to retain, far less recruit, staff.

PUBLIC HEALTH (SCOTLAND) ACT, 1897

During the year some 54,731 nuisances were abated, which is approximately 8,000 less than the previous year. As indicated in the introduction, work on storm damage was primarily responsible for this reduction. This was also reflected in the number of cases submitted to the Sheriff, 154 cases against 243 in the previous year.

As a result of a change in policy, due to the storm, notices for repairs to roofs were issued in terms of Section 11 of the Housing (Scotland) Act, 1966. This was done in co-operation with the Factors and resulted in work being carried out immediately after the statutory interval for appeal.

NUMBER OF NUISANCES ABATED

Division			1968
Central	...	...	10,654
Northern	...	...	12,813
Eastern	...	...	17,026
South-Eastern	...	...	5,830
South-Western	...	...	8,402
City	...	...	<u>54,731</u>

PROCEEDINGS IN COURT IN TERMS OF THE PUBLIC HEALTH (SCOTLAND) ACT, 1897

Division		Number of Nuisances Submitted to Sheriff Court	Number Decided in favour of Pursuer	Number Unsuccessful	Number Continued	Costs £ s. d.			Expenses £ s. d.		
Central	...	117	54	—	55	2,060	15	8	£223	17	0
North	...	12	10	—	2	34	3	4	27	6	0
East	...	12	11	1 case withdrawn	—	896	17	3	76	13	0
South-East	...	8	8	—	—	950	5	5	63	0	0
South-West	...	5	3	—	2	27	19	7	13	13	0
City	...	<u>154</u>	<u>86</u>		<u>59</u>	<u>£3,970</u>	<u>1</u>	<u>3</u>	<u>£404</u>	<u>9</u>	<u>0</u>

THE GLASGOW CORPORATION ORDER CONFIRMATION ACT, 1959

The great advantage of this Act is that the Corporation can instruct work to clear choked drains if the owner does not do so within 48 hours of receipt of the Notice. It is most helpful from the Sanitary Inspector's point of view and ensures that choked drains are dealt with promptly.

The undernoted table indicates the number of Notices issued and percentage of drains cleared by the Corporation on default of the owner.

Division	Number of Notices Issued	Cleared by Owner within Statutory Period		Cleared by Corporation	
		No.	Percentage	No.	Percentage
Central ...	2,271	1,644	72.2	631	27.8
Northern ...	4,926	4,061	82.4	870	17.6
Eastern ...	6,022	5,352	88.9	670	11.1
South-Eastern ...	1,779	1,330	85.0	449	15.0
South-Western ...	2,456	2,225	90.6	231	9.4
City ...	17,454	15,612	83.8	2,851	16.2

THE HOUSING (SCOTLAND) ACTS, 1950-66

Some 5,894 houses were subject to Closing or Demolition Orders during the year, an increase of 2,843 from 1967. When this figure is added to other closures, as indicated in the accompanying table, a total of 11,685 houses were closed. This, despite the number of houses still on the uninhabitable list represents remarkable progress. It is to be hoped that the present pace of Slum Clearance will continue. As a result of this vast programme there are a number of properties left derelict in the City following Closing Orders and it is hoped that new housing legislation will give the Corporation adequate powers to remove these properties as quickly as possible. It takes the Housing Manager, on average, approximately one year to rehouse all the tenants in a property which is subject to a Closing/Demolition Order. In the case of the latter Order, the Corporation has to wait three months from the time that the last tenant is rehoused before implementing the Order. In the proposed new housing legislation the Corporation has made representations to have this waiting period reduced to twenty-eight days. It should be pointed out, however, that the majority of the tenants are rehoused in a few months leaving a hard core of tenants who refuse repeated offers of housing accommodation and delay the ultimate Closing or Demolition of the property.

It is consistent with the times we are living in that when houses become vacant vandals move in and take everything of value. This often means the removal of water pipes in an unoccupied house thus depriving the remaining tenants in a building of a water supply. The Corporation has to bear the cost of this vandalism by maintaining the basic amenities and this is rising each year with the increasing number of properties condemned.

During the present slum clearance programme every effort is being made to reduce the number of houses with external water closets. This progress can be seen in the Central Division where there are 2,748 houses with an external water closet and to a slightly greater extent in the South-Eastern and South-Western Divisions. If closures of houses with external water closets continues at the present rate then in three years' time these divisions will have virtually removed all external water closets. On the other hand, the picture in the Northern and Eastern Divisions of the City is far from satisfactory and a larger allocation of houses will require to be given to these Divisions for slum clearance plus action by the Director of Planning in the Comprehensive Development Areas.

DETAILS OF HOUSES DEALT WITH DURING 1968 UNDER HOUSING ACTS,
BY DEAN OF GUILD ACTION OR BY PRIVATE CLOSURE OR DEMOLITION

Division	Closing Order or Demolition Order under Housing Act	Dealt with under Dean of Guild Procedure	Private Closures or Demolitions	Corporation Houses, Closures or Demolitions	Total
Central	848	116	719	129	1,812
Northern	1,176	32	56	2,893	4,157
Eastern	2,205	163	4	189	2,561
South-Eastern	947	63	4	630	1,644
South-Western	718	330	9	454	1,511
City	5,894	704	792	4,295	11,685
...

In the following tables the figures are Departmental figures as at 31st December, 1968, compared with the figures supplied by the City Assessor at Whitsunday 1968 shown at the beginning of this report. The difference in over-all totals is just over 1,100 houses which is a small margin when one takes into consideration that one report is made up six months later. It should be stressed that the following figures are not

as a result of a recent survey of housing but are completed each year after the due process of additions and deletions of houses.

	Central	Northern	Eastern	S. Eastern	S. Western	Total
Housing at 31.12.68						
Number of Standard Houses	50,760	37,752	45,500	55,010	31,136	220,158
*Number of Sub-Standard "A" Properties ...	10,972	12,011	8,087	3,224	3,627	37,921
†Number of Sub-Standard "B" Properties ...	3,683	12,872	12,800	7,010	9,372	45,737
Unfit Houses ...	1,926	3,146	6,000	3,406	2,079	16,557
Total Number of Houses ...	<u>67,341</u>	<u>65,781</u>	<u>72,387</u>	<u>68,650</u>	<u>46,214</u>	<u>320,373</u>
City Assessor's Return	68,025	64,911	73,221	68,571	46,822	321,550
Housing at 31.12.68						
Total Number of Houses ...	67,341	65,781	72,387	68,650	46,214	320,373
Number of Houses with internal water supply ...	67,341	65,781	72,387	68,649	46,214	320,372
Number of houses with internal water closet ...	64,593	50,332	54,360	64,241	41,362	274,888
Number of Houses with external water closet ...	2,748	15,449	17,027	4,406	4,852	45,482
Number of Houses with internal bath ...	53,602	38,898	46,047	55,010	32,230	225,787
Number of houses without bath ...	13,739	36,883	26,340	13,640	13,984	104,586

*Houses which it is estimated could be brought up to standard.

†Houses which are liable to become unfit.

ABANDONED PROPERTIES

There was a slight decrease in the number of abandoned properties during the year. While efforts are being made to condemn these properties, some are in better condition than others and have to take their place in the housing queue. In my opinion, measures should be taken to acquire these properties which are in reasonable condition and maintain them until condemnation. During this time a rent should be charged as against the present practice of the Corporation maintaining the properties at minimum expense without any hope of recovering expenditure.

NUMBER OF PROPERTIES AND HOUSES RECORDED AS ABANDONED AS AT DECEMBER, 1968

Division	Number of Properties	Number of Houses
Central ...	5	31
Northern ...	18	210
Eastern ...	5	43
South-Eastern ...	1	10
South-Western ...	16	155
City ...	<u>45</u>	<u>449</u>

GLASGOW CORPORATION (GENERAL POWERS) ORDER CONFIRMATION ACT, 1960-62

BYELAWS MADE THEREUNDER

REDECORATION OF WALLS OF CLOSES AND STAIRCASES

The effects of the considerable work done by the staff on storm damage is revealed in the decrease by two-thirds over the previous year in the number of notices issued.

Division		As a Result of Notice	Voluntary by Owners	Total
Central	... ..	488	41	529
Northern	... ..	14	27	41
Eastern	... ..	75	123	198
South-Eastern	... ..	—	8	8
South-Western	... ..	189	45	234
Total	... ..	<u>766</u>	<u>244</u>	<u>1,010</u>

CLEANSING OF COMMON CLOSES AND STAIRS

The new legislation which will deal with the owner/occupier problem is still awaited but many of the complaints received from occupiers about fellow occupiers not washing a close or stair make unnecessary demands on the valuable time of the inspector. Rotation cards in the form of a Notice were issued on 879 occasions.

FARMED-OUT HOUSES

During the year eleven farmed-out houses were deleted from the register, on account of demolition or because they were no longer used as such in terms of the Order.

Division	No. of Declared Farmed-out houses during year ended 31.12.68	No. of Farmed- out houses Regd. during year ended 31.12.68	No. of Farmed- out Houses deleted during year ended 31.12.68	Total No. on Register as at 31.12.68
Central	...	—	—	—
Northern	...	—	—	6
Eastern	...	7	3	7
South-Eastern	—	—	8	—
South-Western	—	1	—	1
Total ...	<u>—</u>	<u>8</u>	<u>11</u>	<u>14</u>

PEST CONTROL UNIT

Immediately before taking office in the autumn my predecessor decided to incorporate the staff of the Rodent Section under the control of the Senior Inspector of the Disinfestation Unit.

The unit now operates with the following staff :—

Assistant Divisional Inspector	...	1
Sanitary Inspectors	... ..	4
(One inspector is constantly engaged on disinfestation work)		
Rodent Operators	... ..	24
Disinfestation Operators	... ..	5
Disinfection Operators	... ..	5

The idea of a specialised unit is good but the difficulty is in obtaining experienced staff for survey work and in supervising rodent operators in such a large City. It is doubtful, therefore, if the three inspectors allocated from the Divisions to the Unit will return to their normal duties for some time as the training and experience of the sanitary inspector make him invaluable in assessing the degree of infestation. There was an increase in the number of premises found infested and treated during the year, especially in the Central and Northern Divisions. In fact, almost three-quarters of the existing staff of 24 operators are constantly engaged in these Divisions. Tremendous changes are taking place in the City in the form of redevelopment and road schemes. Slum clearance has reached a new pitch and inevitably derelict properties provide ideal harbourage for vermin. In addition, with smoke control well advanced, an increasing amount of refuse is being deposited which is an attraction. Householders do not seem to realise that carelessness in depositing food scraps is asking for trouble, for without food the rat menace is easily contained.

The following table indicates the number of infestations, etc. in the various Divisions of the City.

Divisions			Premises found infested	Premises treated	Premises rat proofed
Central	...	...	2,156	1,936	484
Northern	...	...	1,954	1,872	143
Eastern	...	...	1,174	1,174	95
South-Eastern	...	...	774	774	68
South-Western	...	...	616	616	374
Total			6,674	6,372	1,164

On two occasions in the Central Division complaints of rats in tenement properties turned out to be infestations of "escaped" hamsters. Five hamsters were caught in traps.

DISINFESTATION UNIT

The work of the Unit has been maintained at the same level, the total number of apartments treated showing a slight increase on previous years.

The following table shows the amount of work carried out in each Division :—

TABLE I
NUMBER OF APARTMENTS TREATED

Division			Tenants				Total
			Bug Infestation	Being rehoused	Cockroach infestation	Other insects	
Central ...	...	...	5	2	128	614	749
Northern ...	...	...	30	71	126	764	991
Eastern ...	...	...	101	18	134	1,078	1,331
South-Eastern ...	...	...	17	7	64	478	566
South-Western ...	...	...	36	—	115	367	518
City ...	...	...	<u>198</u>	<u>98</u>	<u>567</u>	<u>3,301</u>	<u>4,155</u>

OTHER INSECTS

This aspect of the Unit's work continues as in previous years showing a considerable increase in both the number of visits and apartments treated. A large number of the visits are in the new housing areas which take up considerable time, although many of the complaints are of harmless insects such as plaster beetles, ground beetles, earwigs and bird mites.

The following table shows the amount of work carried out in each Division in respect of other insect infestations :—

TABLE II
NO OF APARTMENTS TREATED

Division			Vermineous Bedding	Flea Infestation	Fly Infestation	Other Insects	Total
Central ...	...	...	39	284	18	273	614
Northern ...	...	...	26	476	14	248	764
Eastern ...	...	...	24	695	17	342	1,078
South-Eastern ...	...	...	3	294	6	175	478
South-Western ...	...	...	6	172	19	170	367
City ...	...	...	<u>98</u>	<u>1,921</u>	<u>74</u>	<u>1,208</u>	<u>3,301</u>

INSECT IDENTIFICATION

For the identification of insects the services of the Unit were requested on 79 occasions. The requests come from members of the public, other Corporation departments and outside local authorities. We again record our thanks to the staff of the Zoology Department, Glasgow University, for the help so willingly given throughout the year.

OTHER PREMISES

In addition to the work shown in the previous tables, 400 treatments of other premises (restaurants, shops, schools, hospitals, factories, etc.) were carried out for numerous kinds of insect pests. During the months May-October, two additional operators were employed for fly control and 3,142 treatments of ashbin shelters, etc. were carried out.

Following requests from the Police, Housing Manager and householders, the Unit successfully dealt with 166 wasp nests which either were on or in close proximity to houses, schools or nurseries.

The following table shows the number of visits made during the year for all types of infestation :—

TABLE III

Bug Infestation and Rehousing	...	...	340
Cockroach Infestation	...	...	992
Verminous Bedding	...	...	166
Flea Infestation	...	...	996
Fly Infestation	...	...	218
Other Insect Infestation	...	...	1,621
			<u>4,333</u>

DISINFECTING SECTION

This section carries out the disinfection of premises, clothing, books, etc., following the removal to hospital or the granting of a clearance certificate in home cases of infectious diseases. It also serves the public by lending equipment and supplying materials so that the tenants themselves may do cleaning, whitewashing or distempering.

DISINFECTION OF PREMISES, ETC.

The table shows the number of premises and books dealt with on account of infectious diseases :—

Houses, etc. disinfected	...	...	2,015
Library and School Books disinfected			638

The amount of materials used for these purposes and also issued to the public is shown below :—

Formaldehyde, 40 per cent. ...	10 $\frac{3}{4}$ gallons
Naphthalene Powder	517 lbs
Disinfectant (crude)	26 gallons
Whiting	60 lbs.
Colour (dry)	20 lbs.

During the year the Section also undertook on behalf of the Food and Dairies Section, the stencilling of the "Approved for Food" sign on 512 vehicles. In addition to the above work 142,178 articles of second-hand clothing were disinfected before export to other countries.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Progress in respect of the above Act was slow due principally to other demands made on the staff. In all Divisions, except the Central Division, the initial survey in respect of general inspections has been completed. In the Central Division which takes in the City Centre containing the commercial life of the City there are still a considerable number of initial general inspections to do. At the present rate this will take some time yet. In all Divisions constant changes in occupation are taking place with resulting alterations in records and invariably additional contraventions as a result.

More and more office blocks are being built particularly in the Central Division and much of the inspector's time is taken up at the consultative stage with architects and contractors.

There are many problems in old and new multi-occupied buildings, but one which is ever recurring is the sanitary accommodation which must be "readily accessible" and "suitable" in terms of the Act. In new buildings, when the design proposals are being considered with the Architect on the requirements of the Act, it is difficult to give answers when the ultimate occupancy of the building is unknown. Also, because of the cost of floor space, there is a tendency for sanitary blocks to be constructed outwith the actual offices.

At the end of the year some 13,535 premises were registered, an over-all increase from the previous year of 234 premises. The number of persons employed in registered premises was 142,330 made up of 63,444 males and 78,886 females.

During the year 2,694 general inspections were carried out and 9,444 other inspections made giving an over-all total of 10,791 inspections.

During these inspections 4,571 contraventions were found and 5,084 remedied.

ACCIDENTS

During the year 222 accidents were reported and 206 visits recorded. It would still appear that many accidents are not reported and possibly publicity is required in this respect.

A most unusual accident occurred within shop premises situated in a main shopping street. In this case, opposite the shop premises concerned, there is a very steep side street entering at right angles to the main street, and while descending the hill, the driver of a very heavily laden goods vehicle lost control and the vehicle ran across the main street and through the front windows of the shop. The accident caused the death of one customer and injured five employees. The Local Authority are taking steps in an endeavour to avoid a recurrence by prohibiting heavily laden vehicles from steep streets.

The following table gives the number of accidents in the various categories :—

Division	Offices	Retail Shops	Wholesale Shops and Warehouses	Catering Estab- lishments	Canteens	Fuel Storage Depots	Total
Central ...	30	88	17	7	3	—	145
Northern ...	6	4	3	—	—	—	13
Eastern ...	1	5	6	1	—	—	13
South-Eastern	4	16	4	1	1	—	26
South-Western	—	13	12	—	—	—	25
Total ...	41	126	42	9	4	—	222

TABLE I.
NUMBER OF PREMISES REGISTERED AND INSPECTED IN EACH DIVISION DURING THE YEAR.

Number of Premises Registered as at 31.12.68										Number of Premises Inspected										Total Number of Visits	
Division	Offices	Retail Shops	Wholesale Shops and Warehouses	Catering Estab. and Canteens	Fuel Storage Depots	Total Number Registered	Offices		Retail Shops		Wholesale Shops and Warehouses		Catering Estab. and Canteens		Fuel Storage Depots		Total Number of Visits				
							G.I.	O.I.	G.I.	O.I.	G.I.	O.I.	G.I.	O.I.	G.I.	O.I.	G.I.	O.I.			
Central	3,407	1,845	479	400	3	6,134	109	705	55	2,326	22	859	8	134	—	—	194	4,024			
Northern	317	1,078	50	189	1	1,635	60	234	189	1,749	5	23	12	54	—	—	266	2,060			
Eastern	543	1,291	80	273	1	2,188	65	363	160	1,389	16	93	33	202	—	1	274	2,048			
South-Eastern	482	1,391	102	209	1	2,185	41	60	498	1,061	18	9	29	52	—	—	586	1,182			
South-Western	307	843	61	181	1	1,393	14	20	9	86	1	20	3	4	—	—	27	130			
City	5,056	6,448	772	1,252	7	13,535	289	1,382	911	6,611	62	1,004	85	446	—	1	1,347	9,444			

G.I. = General Inspections. O.I. = Other Visits.

TABLE II.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963. CONTRAVENTIONS FOUND AND REMEDIED IN YEAR 1968.

Sec.	NATURE OF CONTRAVENTION	Offices		Retail Shops		Wholesale Shops and Warehouses		Catering Establishments		Canteens		Fuel Stores	
		Found	Remedied	Found	Remedied	Found	Remedied	Found	Remedied	Found	Remedied	Found	Remedied
4	Cleanliness	54	57	198	243	13	31	25	24	—	—	—	—
5	Overcrowding	—	—	1	1	—	—	—	—	—	—	—	—
6	Temperature	124	113	370	413	26	37	42	45	1	—	—	—
7	Ventilation	80	75	200	270	19	43	9	7	2	—	—	—
8	Lighting	40	54	46	87	16	47	8	15	—	—	—	—
9	Sanitary Conveniences	150	180	630	813	34	120	48	40	—	—	—	—
10	Washing Facilities	105	136	206	346	24	61	16	18	—	—	—	—
11	Drinking Water	51	36	39	50	7	21	2	—	—	—	—	—
12	Accommodation for Clothing	12	17	58	57	5	12	5	3	—	—	—	—
13	Seating Arrangements	1	—	29	30	—	1	7	3	—	—	—	—
14	Seats for Sedentary Workers	17	26	7	21	3	15	2	1	—	—	—	—
15	Eating Facilities	3	7	24	40	8	12	—	—	—	—	—	—
16	Floors, Passages, Stairs	85	101	190	255	27	53	77	96	—	—	—	—
17	Fencing Exposed Machinery	13	4	15	16	—	1	—	—	—	—	—	—
19	Dangerous Machines, Training and Supervision of Persons	1	—	—	2	—	—	—	—	—	—	—	—
22	Dangerous Conditions and Practices	—	—	—	—	—	—	—	—	—	—	—	—
23	Prohibition of Heavy Work	—	—	1	—	—	—	—	—	—	—	—	—
24	First Aid Provision	104	91	289	268	19	27	31	45	—	—	—	—
50	Information for Employees	171	107	651	310	39	30	88	43	1	1	—	—
	Total	1,011	1,004	2,954	3,222	240	517	362	310	4	1	—	—

FOOD HYGIENE (SCOTLAND) REGULATIONS, 1959-61

This important aspect of the Sanitary Inspector's work still receives less attention due to pressure of work than it deserves. It is not only important to ensure that the structural requirements of the Regulations are observed but to educate and advise management and staff on food hygiene.

The following table shows the number of premises registered in each Division and inspections made.

Division	No. of Premises in Division	No. of Premises Inspected	No. of Visits
Central	1,132	149	227
Northern	538	304	1,851
Eastern	943	41	56
South-Eastern	950	100	169
South-Western	589	133	162
City	<u>4,152</u>	<u>727</u>	<u>2,465</u>

FACTORIES ACT, 1961

Again, the number of inspections was considerably reduced compared with the previous year as a result of work done by inspectors on storm damage. There is nothing of significance to report other than the fact that a consolidating Act is now being prepared which will incorporate the provisions of this Act and those of the Offices, Shops and Railway Premises Act, 1963. This may mean that in mechanical factories the responsibility for sanitary accommodation will pass from the Sanitary Inspector to H.M. Inspector of Factories and therefore save two officials visiting the same premises.

Division	Mech.	Non-Mech.	Building Operations or Works of Engineering Construction	Total	Mech.	Non-Mech.	Building Operations or Works of Engineering Construction	Total
Number of Premises Registered at 31.12.68					Number of Inspections			
Central ...	1,074	54	18	1,146	66	5	34	105
Northern ...	387	12	28	427	58	2	28	88
Eastern ...	573	55	9	637	271	20	6	297
South-Eastern ...	496	76	31	603	336	76	31	443
South-Western ...	399	22	15	436	396	18	23	437
City ...	<u>2,929</u>	<u>219</u>	<u>101</u>	<u>3,249</u>	<u>1,127</u>	<u>121</u>	<u>122</u>	<u>1,370</u>

DRAINAGE

The rapidly expanding plastics industry has made its presence felt by the introduction of plastic pipes for above and below ground disposal of waste and soil. There is no doubt that these pipes have advantages over traditional piping but one main disadvantage so far has been their introduction to restaurant kitchens and the like where

large quantities of hot water are used causing the pipes to distort. If used in kitchens close supervision must be paid to the method of installation.

The following table shows the number of consultations and applications recorded during the year.

Division	No. of Consultations re Drainage Schemes	No. of Applications
Central	1,011	441
Northern	412	662
Eastern	192	370
South-Eastern ...	395	1,999
South-Western ...	373	406
City	<u>2,392</u>	<u>3,878</u>

RAG, FLOCK AND OTHER FILLING MATERIALS ACT, 1951

No applications were received during 1968 but there were seven cancellations on the existing register. The number on the register is therefore 42 compared with 49 in 1967.

Four licensed premises were cancelled, leaving the number of licensed premises at three.

Division	Registered Premises	Licensed Premises
Central	6	1
Northern	4	—
Eastern	8	2
South-Eastern ...	13	—
South-Western ...	9	—
City	<u>40</u>	<u>3</u>

AGED AND INFIRM PERSONS

Now that visits regarding rehousing and transfers within Corporation schemes are being undertaken by the Housing Manager's Department the public health nurses are able to concentrate more on the aged and infirm and on problem families. The following table indicates the number of old people on the register.

Division	Males	Females	Total	Houses Cleaned	Compas- sionate Washings
Central	700	1,840	2,540	145	1,732
Northern	777	1,561	2,338	42	1,314
Eastern	643	1,271	1,914	45	891
South-Eastern ...	575	1,184	1,759	350	300
South-Western ...	483	1,075	1,568	12	29
...
Total	<u>3,178</u>	<u>3,941</u>	<u>10,119</u>	<u>594</u>	<u>4,266</u>

NOISE ABATEMENT ACT, 1960

The general public are increasingly aware of the implications of the

Act and during the year some 52 "noise" complaints were received, fifty per cent. of which required action by this Department.

One complaint of note concerned vibrations affecting articles in houses in the Penilee area. On investigations being carried out, the complaint was shown to be well founded, the source of complaint being a large factory in the Hillington Estate which was beyond the City Boundary in the neighbouring Burgh of Renfrew. The nuisance was caused by compressors in the factory and, although they were sited on a solid concrete base, when the compressors were in use, vibrations were experienced on the roadway outside the factory, to the extent that while sitting in a car with the engine off, distinct rocking motions were experienced. In houses some one hundred yards distant, and with a railway track intervening between the houses and the factory, ornaments and time-pieces and even standard lamps on the floors were set in motion. In addition, persons standing on the floors experienced the vibrations.

Although the firm had occupied these premises for approximately twenty years and the compressors had been installed for many years, this was the first complaint. The vibrations were even more evident outside the factory than within it, and showed that waves of vibration were being conducted underground by the sub-soil strata and a remedy would be most difficult to find.

Consultations with officials of both Burgh Councils and principals of the firm indicated that the plant would be closing down due to regional development in a few months' time. It was agreed that the best solution would be to wait on the factory closing and, when this was done in December, the nuisance ceased.

STORM DAMAGE

It would not be proper to complete this report of the Sanitary Section without reference in some detail to the great storm of January 1968 and the following is a general picture of events as they happened.

The great storm began in the late evening of Sunday, 14th January, 1968 and continued until the early hours of Monday, 15th January, 1968. The storm was of relatively short duration comprising high winds over a period of a few hours with gusts of 110 m.p.h. recorded at intervals between 1 and 2 a.m. on 15th January, 1968. The direction of the wind was from the south-west and the Renfrewshire Heights and Ayrshire Gap on the south and the Kilpatrick Hills on the north of the River Clyde had the effect of directing the gale force winds straight at Glasgow and was primarily responsible for the unprecedented volume of damage.

Taking stock after the storm, it was obvious that there was damage in the public sector as well as the private sector of housing. Since, in the public sector there was an organised labour force under one control, the Building Department of the Corporation quickly overtook emergency repairs to keep the houses watertight.

In the private sector, however, the real problems emerged. Good and bad tenements alike were damaged and estimates for repairs varied from a few pounds to over a thousand pounds. In this sector, therefore, the Sanitary Inspector bore the onslaught of complaints from owner-occupiers and tenants. Apart from the actual damage done to roofs the plight of the householder was further aggravated through electricity being cut off because of dampness, and the loss of the solid fuel fire by demolished chimney heads. Almost one thousand tenants were temporarily rehoused because their homes were rendered uninhabitable.

In Glasgow, there are about 16,000 private tenement properties and from various sources of information it was estimated that between 10,000 and 11,000 tenements received some form of damage. In addition, many private houses and commercial premises had also received damage and had to tap, at the same time, the small private labour force available for repairs.

From the first working day of the storm the Sanitary Inspector, with his Welfare and Master of Works colleagues, was heavily engaged.

Rest Centres were set up for the homeless, and the Army assisted in removing furniture from damaged houses to stores. The Army also made available personnel to assist the private slater to tackle emergency repairs. At a later stage, due to the inability of the private labour force to cope with emergency repairs, the Corporation accepted responsibility and the bulk of the orders for temporary repairs were passed direct from the Sanitary Inspector to the Building Department, the intention being that the private slaters should concentrate on the permanent repairs so urgently required. At the same time, the Sanitary Inspector sent an intimation in terms of Section 19 of the Public Health (Scotland) Act, 1897, to the Factors for each new complaint of dampness. Sanitary Inspectors worked flat out to overcome the volume of complaints which were being received at times of up to one hundred per day per Division. This work continued through weekends and eventually only by early February when the weather settled did the number of daily complaints return to normal. The respite was short, however, for about the middle of March gale force winds and rain hit the Glasgow area again and immediately revealed that many of the first emergency repairs were not effective. It was about this stage, as

already mentioned, that the Corporation undertook the responsibility for emergency repairs and this work was eventually overtaken by Easter week-end. Because of the limited labour force engaged in the private sector on permanent repairs these could not be overtaken at the very least by the onset of next winter and it was obvious if the weather deteriorated we might have to start again on temporary repairs. Inevitably, this happened during the first week-end in May when an exceptional deluge of rain brought in over one thousand complaints to the Health Department in one day and this was likely to recur again unless a large labour force under one central organisation was able and allowed to do permanent work in the private sector. At this time, months later, many of the tarpaulins which were only meant for "emergency" were still in position and showing signs of wear and tear and could not be expected to keep roofs watertight. This so far briefly illustrates the pattern of events and at this stage it was obvious that more had to be done.

Many Glasgow tenements are now multiple owned, and not as in the past, on a wholly rented basis and owned by one landlord. The responsibility, therefore, for instructing permanent repairs still remained with the Factors acting on behalf of the owner-occupiers. In many cases landlords were not adequately insured and, the policy makers in the insurance world had, in October, 1967, chosen to alter the terms relating to domestic premises where businesses were under the same roof. The import of the new conditions was not fully understood by many of the property agents as well as householders. Insurance companies invariably apply a "betterment" clause to limit their liability to actual damage sustained related to the state before damage. This condition implies inspection and valuation and in almost every case encountered this has been time consuming to quite an unreasonable extent.

In cases where landlords had adequate insurance cover it was, therefore, a straightforward arrangement between Factors and Contractors.

On the other hand, where insurance cover was not adequate some way had to be found which would overcome the additional expenditure and get the repairs done.

At the instigation of the Government, the Corporation launched a "loans" scheme and the Government provided finance whereby undue hardship in payment of repair bills could be made by instalments and the loan was interest free. This money, made available by the Government, would also ensure through the "loans" scheme that tradesmen were paid promptly. Also, where the Corporation stood to lose through the inability of owners to pay in certain cases, the Government would

cover 75 per cent. of the deficit. Forms made out as legal documents were sent to owners and, when estimates were received, the Factor assessed the probable cost per owner and passed on the estimates to the Civil Defence Officer who operated the scheme. When approved, and on his authorisation, the work could then proceed. The limited number of master slaters slowed down the number of estimates received and most were approximate. Many owners were reluctant to sign forms of undertaking where estimates were not detailed, or, in other words, sign a blank cheque. Again some owner-occupiers on the lower flats of a tenement, who were not directly affected by dampness, did not wish to share in the responsibilities of a common repair to their property and help their less fortunate co-owners on the top flat. However, in the dispositions signed by owners, the majority rule existed in tenements and, therefore, the responsibility lay with the Factors for the legal recovery of the cost of repairs.

Some people thought that the Corporation without authority, should order repairs to be done immediately on a permanent basis on private property. In Glasgow, in my opinion, it was virtually impossible to have a blanket mandate to do repairs because of the multiplicity of owners involved and would have been an irresponsible action without first taking precautions to legally recover the cost. It is also being fair to the prudent owner, as against those who hope that the Local Authority or the Government will eventually bail them out of financial difficulties.

The real problem in the early stages was not finance, but the limited labour force and, since there was more than enough work to keep this force employed it was decided to let the property owners sort out their problems rather than create possible bad feeling by instituting statutory procedure.

The usual form of statutory procedure to abate nuisance conditions is through the Public Health (Scotland) Act, 1897, but because of the number of nuisance complaints and cumbersome provisions of the Act action was only taken in twelve instances.

The alternative to the Public Health (Scotland) Act, 1897, is Section 11 of the Housing (Scotland) Act, 1966, which stated that while the house was unfit for human habitation because of existing conditions it could at reasonable expense be made fit. This Section had only been applied in one instance in Glasgow before, and after consultation with Government officials it was decided to use this section of the Housing Act to enforce work to be done. At the same time, a limited liability clause was introduced which enabled an owner-occupier to pay only one and a half times his weekly income whatever the ultimate cost. Thousands of

notices were issued with the co-operation of the Factors and thereafter work was ordered to the "pool of labour" by the Civil Defence Officer and an organised system of repairs commenced. The consortium of labour gradually increased drawing labour from all over the United Kingdom. Many roofs were repaired by non-traditional methods which were introduced for speed until ultimately the task was overcome and drew the comment from the Minister of State for Scotland "that Glasgow's roofs were now in better condition than before the storm". Thereafter, those properties which have a life of ten years plus and whose roofs had been felted entered the second phase which permitted traditional covering of roofs in the form of tiling.

In conclusion, it is to be hoped that such a disaster does not strike again but should this ever occur, then the experience gained from this operation should prove invaluable.

APPENDIX

FACTORIES ACT, 1961

This table is enclosed at the request of the Minister of Labour to indicate to Medical Officers of Health the prescribed particulars required by Section 153(1) of the Factories Act, 1961, to be furnished in their Annual Reports or with respect to matters under Parts I and VIII of that Act administered by the County or Town Council. It is not intended to supersede the fuller statement which is desirable in the text of the Report, but should be attached as an annex.

1.—INSPECTIONS for the purpose of provisions as to health (including inspections made by Sanitary Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities†	219	121	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,929	1,127	155	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority‡ (including out-workers' premises)	101	122	—	—
	<u>3,249</u>	<u>1,370</u>	<u>171</u>	<u>—</u>

2.—Cases in which DEFECTS were found. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Number of cases in which defects were found

Particulars			Referred		Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	5	3	—	3	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	3	2	—	1	—
Inadequate ventilation (S.4) ...	1	—	—	1	—
Ineffective drainage of floors (S.6) ...	5	5	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	9	3	—	2	—
(b) Unsuitable or defective ...	239	215	—	31	—
(c) Not separate for sexes ...	13	9	—	2	—
Other offences against the Act (not including offences relating to Out-work) ...	96	74	—	6	—
Total ...	371	311	Nil	46	Nil

* County or Burgh.

† To prevent any differences between the lists kept respectively by the Local Authorities and H.M. Inspectors of Factories of the numbers of factories in which sections 1, 2, 3, 4 and 6 of the Factories Act, 1961 are enforced by Local Authorities, it is requested that Local Authorities should compare their lists of factories with the lists kept by H.M. Inspectors of Factories.

‡ *i.e.* Electrical Stations (Section 123(1)), Institutions (Section 124), sites of Building operations and Works of Engineering Construction (Section 127), Slaughterhouses (Section 175) (d) and (e) and Railway Running Sheds (Section 175(2) and (10)).

PART VIII OF THE ACT.

OUTWORK.

(Sections 133 and 134).

Nature of Work	Section 133			Section 134		
	No. of out workers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—						
Making, etc., Cleaning and Washing ...	1	—	—	—	—	—
Household linen... ..	—	—	—	—	—	—
Other	—	—	—	—	—	—
Total	1	—	—	—	—	—

SECTION XVII

OCCUPATIONAL HEALTH

The Occupational Health Section is responsible for medical examinations in connection with the recruitment of employees of all Corporation Departments except Fire, Police and Transport which have their own medical officers.

Medical examinations—Entrance, Sick Pay, Superannuation and Retiral—were carried out as in previous years. Four thousand, four hundred and seventy-six persons were examined for the first time and 678 were examined for the second or subsequent occasion. The remainder were 66 retiral examinations and 50 examinations carried out by special request of Corporation Departments and on behalf of other local authorities, making a total of 5,270.

Table I shows how these examinations were distributed by Scheme and Department.

TABLE I

MEDICAL EXAMINATIONS CARRIED OUT AT 20 COCHRANE STREET
DURING YEAR ENDED 31ST DECEMBER, 1968

Department	Entrance		Sick Pay		Super- annuation		Retiral		Special		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Airport	49	3	—	—	14	1	—	—	6	—	69	4
Arch. and Civic Design	31	12	—	1	9	3	—	1	—	—	40	17
Baths	—	—	10	3	29	7	2	1	—	—	41	9
Building	38	6	156	1	784	5	7	—	7	—	992	12
Children's	—	—	—	2	12	23	—	—	—	—	12	25
City Archivist	—	1	—	—	—	—	—	—	—	—	—	1
City Assessor	14	14	—	1	2	22	—	—	—	—	16	37
City Chamberlain	19	47	1	3	5	23	1	1	—	—	26	74
Civil Defence	1	1	1	2	—	—	—	—	—	—	2	3
Cleansing	5	2	36	4	165	3	6	—	1	—	213	9
Curator	—	—	1	7	5	6	—	—	—	1	6	14
Education	73	357	8	313	40	166	4	9	3	3	128	748
Estates	8	2	2	1	3	—	—	—	—	—	13	3
Halls	—	—	1	2	6	6	1	—	—	—	8	8
Health and Welfare	5	11	4	408	59	137	4	8	1	2	73	566
{ Highways	4	—	5	—	177	—	—	—	1	—	187	—
{ Office of Public Works	32	4	—	—	5	—	—	—	1	—	38	4
{ Sewage	1	—	14	1	38	—	—	—	1	—	54	1
Housing Management	31	13	1	—	2	3	2	—	—	—	36	16
Libraries	14	83	—	7	2	33	2	—	—	—	18	123
Lighting	131	1	—	—	26	—	6	—	3	—	166	1
Markets	—	—	1	—	20	7	—	—	3	—	24	7
Museums	11	4	—	—	4	—	—	—	—	—	15	4
Parks	4	1	64	—	214	4	5	—	—	—	287	5
Planning	5	4	—	—	8	9	—	—	—	—	13	13
Printing	—	—	1	—	15	4	—	—	—	—	16	4
Police Clerk of Courts	—	3	—	—	—	—	—	—	—	—	—	3
Probation	1	6	—	—	—	2	—	—	—	—	1	8
Procurator Fiscal	1	2	—	—	—	—	—	—	—	—	1	2
Registrars	—	1	—	—	2	1	—	—	—	—	2	2
Town Clerk	7	23	—	—	2	7	—	1	—	—	9	31
Veterinary	3	—	—	—	—	—	—	—	—	—	3	—
Water and Lower Clyde Water Board	9	4	21	—	141	5	5	—	—	—	176	9
Weights and Measures	5	1	—	—	1	1	—	—	—	—	6	2
Carry forward	502	606	327	756	1,790	478	45	21	27	6	1,691	1,867

TABLE I—*Continued.*

MEDICAL EXAMINATIONS CARRIED OUT AT 20 COCHRANE STREET
DURING YEAR ENDED 31ST DECEMBER, 1968—*Continued*

Department	Entrance		Sick Pay		Super-annuation		Retiral		Special		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Brought forward ...	502	606	327	756	1,790	478	45	21	27	6	1,691	1,867
Blind Craft ...	—	—	5	—	8	—	—	—	—	—	13	—
Scottish Society for Mentally Handicapped Children ...	—	—	—	—	1	1	—	—	—	—	1	1
Notre Dame College ...	—	—	—	—	—	1	—	—	—	—	—	—
Mission to Deaf and Dumb ...	—	—	—	—	1	—	—	—	—	—	1	—
Outside Appointments ...	—	—	—	—	—	—	—	—	12	5	12	5
	<u>502</u>	<u>606</u>	<u>332</u>	<u>756</u>	<u>1,800</u>	<u>480</u>	<u>45</u>	<u>21</u>	<u>39</u>	<u>11</u>	<u>2,718</u>	<u>1,874</u>
Total Number of Examinations : Male							2,718					
Female							1,874					
							4,592					
Re-Examinations from all Departments :							Male	432				
							Female	246				
								678				
Grand Total ...							...	5,270				

Six hundred and seventy-eight persons who had been found unfit at previous medical examinations were re-examined and of those, 236 (34·8 per cent.) were again found to be unfit. Sixty-seven persons in this group were classified as permanently unfit for acceptance into the schemes.

A considerable number of employees found unfit on account of tuberculosis and other radiological chest lesions, albuminuria, glycosuria and dental caries are likely to be found fit at a later date after investigation and treatment have been carried out.

Chest X-ray examination is carried out at the Department's X-ray Unit when each employee is examined for the first time and also on subsequent occasions if required. Miniature X-ray films are used routinely, but if a suspicious lesion is detected the person concerned is recalled for a large X-ray film to be taken. During the year nine new cases of active pulmonary tuberculosis were discovered. A number of other persons are under observation at chest clinics as a result of their X-ray examination.

Sixty-six persons were examined with a view to premature retirement on health grounds. Fifteen of these examinations were carried out at the employee's homes. In three cases there were insufficient grounds to recommend retiral. The conditions causing premature retiral are shown in Table III. The commonest conditions causing premature retiral in employees previously found fit were chronic bronchitis and cardio-vascular disorders, hypertension and angina pectoris in particular.

TABLE III

RETIRAL MEDICAL EXAMINATIONS

CLINICAL CONDITIONS CAUSING PREMATURE RETIREMENT

	Male	Female
Chronic Bronchitis	10	1
Cor Pulmonale	—	1
Cardio-Vascular System—		
(i) Coronary Thrombosis	3	—
(ii) Angina Pectoris	1	5
(iii) Auricular Fibrillation	1	—
(iv) Hypertension	2	3
(v) Arteriosclerosis	4	—
Central Nervous System—		
(i) Cerebral Haemorrhage	5	2
(ii) Disseminated Sclerosis	1	—
<i>Carry forward</i>	<u>27</u>	<u>12</u>

TABLE III—*Continued.*

						Male	Female
<i>Brought forward</i>	...	...	...	...		27	12
Musculo Skeletal—							
(i) Lumbar Spondylosis	...	...	...	...		1	—
(ii) Arthritis	...	...	...	...		1	4
Endocrine System—							
(i) Myxoedema	...	...	...	...		—	1
(ii) Addison's Disease	...	...	...	...		1	—
(iii) Diabetes (Uncontrolled)	...	...	...	...		—	1
Carcinoma—							
(i) Bronchus	...	...	...	...		4	—
(ii) Prostate	...	...	...	...		1	—
(iii) Testis	...	...	...	...		1	—
Psychiatric Illness	...	...	...	...		1	2
Poor Visual Acuity	...	...	...	...		2	—
Glaucoma	...	...	...	...		1	—
Chronic Nephritis...	...	...	...	...		1	—
Peptic Ulcer	...	...	...	...		1	—
Fractured Wrist with Residual Disability	...	...				—	1
						<u>42</u>	<u>21</u>

The total number of persons examined during 1968 was 5,270, compared with 4,947 in 1967, an increase of 6·5 per cent.

The Occupational Health Section is also consulted by Corporation Departments for advice on working conditions and on the degree of physical fitness required for certain occupations.

Apart from the routine medical examinations, Water Department employees are seen when a specimen of blood is taken for a Widal test and specimens of faeces and urine obtained for bacteriological examination for *Salmonella* and *Shigella*. Cases of diarrhoeal illness among Water Department employees are notified to the Medical Officer of Health for surveillance and clearance prior to return to work.

Immunisation against *Leptospirosis* is available for sewer workers of the Highways Department.

SECTION XVIII

WELFARE SERVICES

RESIDENTIAL ACCOMMODATION

During the year the Corporation opened two new small homes as part of the Foresthall replacement programme, Tinto House and Patrick House. The Templeton House Holiday Home, Ayr, gifted to the Corporation by Messrs. James Templeton & Co. Ltd., was also opened, providing a further twenty beds for the residents of our Eventide Homes and needy groups in the community. The available residential accommodation at 31st December, 1968, was as under :—

		No. of beds
Foresthall, 657 Edgefauld Road	(1,116 beds, of which 507 are at the disposal of the Western Regional Hospital Board) ...	609
Crookston, 837 Crookston Road	Wards ... 342 Annexe ... 14 Cottages ... 136	492
<i>Small Homes—</i>		
	Opened on	
Woodburn, 10 Cleveden Gardens ...	16th April, 1948 ... }	41
Extension to Woodburn ...	28th June, 1962 ... }	
Tayford, 33 Newark Drive ...	24th June, 1950 ...	24
Stoneleigh, 48 Cleveden Drive ...	1st November, 1951 ...	24
Redhills, 42 Sherbrooke Avenue ...	18th March, 1952 ...	19
Woodmailing, 39 Sherbrooke Avenue ...	18th April, 1952 ...	20
Ailsa, 13-15 Turnberry Road ...	9th October, 1952 ...	26
Burnbank, 20-26 Burnbank Terrace ...	22nd April, 1953 ...	50
Scott House, 56 Langside Drive ...	19th May, 1953 ... }	39
Extension to Scott House ...	26th April, 1955 ... }	
Huntly Lodge, 33-34 Huntly Gardens ...	6th October, 1953 ...	36
Fairfield, 53-55 Sherbrooke Avenue ...	12th January, 1954 ...	22
Macarthur House, 15 St. John's Road ...	1st June, 1954 ...	14
Ravelston, 994 Great Western Road ...	17th October, 1956 ...	36
Roberton, 1 Lancaster Crescent ...	21st May, 1957 ...	17
Merrylee Lodge, 55 Muirsketh Road ...	14th November, 1957 ...	40
Knowehead, 372 Albert Drive ...	12th December, 1957 ...	38
Mainsholm, 2 Kirklee Gardens ...	13th March, 1958 ... }	50
Extension to Mainsholm ...	4th June, 1965 ... }	
Windlaw, 340 Ardenraig Road ...	22nd April, 1958 ...	40
Davislea, 100 Mallaig Road ...	18th October, 1962 ...	60
Glenwood Lodge, 160 Castlemilk Drive ...	3rd June, 1965 ...	42
Tinto House, The Hurlet, Glasgow Road ...	11th April, 1968 ...	30
Patrick House, 35 Sherbrooke Avenue ...	22nd April, 1968 ...	19
		687
<i>Holiday Homes—</i>		
Frognall, Southwood, Troon ...	5th September, 1957 ...	33
Templeton House, 40 Racecourse Road, Ayr ...	1st April, 1968 ...	20
		53
		1,841

Foresthall.—On 31st December, 1968, there were 358 residents in Foresthall and 482 in the Hospital Wards, a total of 840. Total admissions during the year numbered 882, of whom 479 were admitted to hospital wards and the remaining 403 to residential accommodation. The average age on admission was 66·99 years for men and 74·18 years for women. There were 600 discharges and 343 deaths, the average age at death being 75·98 for men and 78·48 for women. The age groups in residential accommodation in Foresthall were as detailed hereunder:—

				Male	Female	Total
Under 60 years	...	...	...	43	13	56
60-65	...	...	...	33	8	41
66-70	...	...	...	32	8	40
71-75	...	...	...	39	19	58
76-80	...	...	...	39	36	75
81-85	...	...	...	21	32	53
86-90	...	...	...	11	14	25
91-95	...	...	...	4	4	8
96-100	...	...	...	1	1	2
				<hr/> 223	<hr/> 135	<hr/> 358

Of the 56 under 60, the majority were within the category of disabled or handicapped.

During the year 112 persons were transferred from residential accommodation to the hospital section and 74 were discharged from the hospital section to residential accommodation.

As a result of the January, 1968 storm damage, it was found necessary to provide 286 persons with emergency accommodation.

During the winter months the concerts provided by voluntary concert parties and the Foresthall staff concert party were well attended.

Crookston.—The greater proportion of residents in Crookston are of the frail ambulant class, a 24-hour nursing staff being available. There were 114 admissions to the Main Home, many of whom were admitted direct from hospital after treatment, being considered to be unfit to return to their former residence. There were 76 deaths in the Home, 16 less than in 1967, 11 less than in 1966 and 20 less than in 1965. During the year 12 persons were admitted to the Cottages and two were discharged. Of the 335 persons resident in the Main Home at the end of the year, 12 were registered blind persons, 12 were confined to wheelchairs and 40 were ambulant only with the aid of Zimmer walking aids.

An analysis of the age grouping of residents in Crookston Main Home shows that 78·2 per cent. were between 76 and 90 years of age, 90·5 per cent. were over 71 years of age and 59·0 per cent. were over 81 years of age.

The Cottages continue to provide for those who, although not fit to manage their own homes, need the minimum of care. An analysis of the age grouping in the Cottages shows that 81·5 per cent. were between 76 and 90 years of age, 90·5 per cent. were over 71 years of age and 49·0 per cent. were over 81 years of age.

The increasing number of frail residents is shown by the drop in the use of the amenities provided. Bowlers are few, putting seems less popular and the entertainments not so well attended although whist drives, held during the winter, were quite well attended and enjoyed by the residents. There is some evidence that the residents, apart from the whist drives, prefer to watch television. The Tea Room, which is open five days a week, is well patronised and it has now become quite a social gathering with someone playing the piano and the residents having a sing-song. Work is proceeding to convert the former nurses' home into accommodation for residents, most of it being in single rooms.

Frognaal.—Once more Frognaal provided much appreciated holiday accommodation for residents from our Eventide Homes, mentally and physically handicapped persons from their own homes, the deaf and dumb from their Eventide Home and other deaf and dumb persons from their own homes. Local organisations in Troon once more showed great interest in the Home and particular mention must be made of the Troon Rotary Club who, once again, provided concerts and transport to outside entertainments. The kindness and hospitality of these local organisations is greatly appreciated and adds to the pleasure of the holiday makers in the Home.

Templeton House.—Templeton House was opened on 1st April, 1968, and has been very much appreciated by all the holiday makers, who were mostly residents from our Eventide Homes.

Small Homes.—The 21 Small Homes in the City were fully occupied during the year. Details of admissions and discharges are shown in Table I, on page 344. From this table it will be seen that approximately one-third of the new residents were admitted direct from hospital, convalescent homes or nursing homes, and approximately two-thirds came from their own homes, care of relatives or from lodgings. Of the 216 persons transferred to hospital, 113 were re-admitted. The proportion of those admitted direct from hospital to the Homes provided

for the frail ambulant is, of course, higher than the general average, due to the facilities for extra care and a 24-hour nursing service, enabling these Homes to provide for a much frailer type of resident.

The Department's thanks are again due to Professor W. Ferguson Anderson, Consultant in Diseases of the Aged in Glasgow and the West of Scotland, and his team of physicians in the hospital Geriatric Units who have been so helpful with emergencies arising among the aged in our Eventide Homes.

WELFARE SERVICES FOR THE HANDICAPPED

Eight domiciliary occupational therapists, one technician and one occupational assistant were employed during the year, visiting home-bound handicapped persons known to the Department to assess their need for aids, to increase their independence and to improve their morale. On their visiting list at the end of the year were 1,217 persons in the following classifications :—

Rheumatoid Arthritis ...	...	...	278
Cerebral Vascular Accident ...	...	...	194
Multiple Sclerosis ...	...	...	183
Osteo Arthritis ...	...	...	136
Amputees ...	...	...	66
Paraplegia ...	...	...	53
Cerebral Palsy ...	...	...	48
Poliomyelitis ...	...	...	34
Spinal Disorders ...	...	...	31
Muscular Dystrophy ...	...	...	29
Cardiac ...	...	...	26
Parkinsonism ...	...	...	20
Multiple Injuries and Fractures ...	...	...	15
Congenital Deformities ...	...	...	9
Quadriplegia and Triplegia ...	...	...	7
Spina Bifida ...	...	...	6
Mentally Handicapped ...	...	...	4
Head Injuries ...	...	...	3
Myelomatosis ...	...	...	1
Optia Atrophy ...	...	...	1
Pre-senile dementia ...	...	...	1
Bronchitis ...	...	...	1
Amyotrophic Lateral Sclerosis ...	...	...	1
Others ...	...	...	70

This shows an increase of 175 patients over the previous year.

Many of these patients are given instruction in and provided with craftwork, while others are able to take up remunerative work, such as embroidery, thread winding, label stringing, book-keeping and orders for crochet and knitting. The self-help aids supplied to give greater independence show great variety ranging from handrails at steps, ramps over steps to enable patients in wheelchairs to get out unaided, pavement cross-overs for vehicles, toilet aids, bathroom adaptations and fitments to items specially designed to meet individual requirements

as recommended by the occupational therapist. Some of the items are made for the Department by a severely disabled man who is employed as an assistant to the occupational therapists and in this work he is assisted by mentally handicapped boys employed at the Senior Occupation Centre. The Department of Health and Social Security, from their Reception Centre at Bishopbriggs, has also supplied many self-help aids, the work of their residents who are undergoing rehabilitation.

Structural alterations to houses to increase the independence of the handicapped are supplied by the Health and Welfare Department through the Building Department's tradesmen and, during the year, such alterations were carried out at a cost of £3,114.

If extensive alterations are required, or if the patient has a progressive disability, re-housing to a more suitable house is considered with the co-operation of the Housing Manager.

The After Care Section continues to follow up the leavers from junior occupation centres and special schools for the handicapped by home visitation, and since the inception of this section 19 years ago, 10,808 young handicapped persons have used the service and, through the years, the majority have been helped to find their place in life and are now independent and fairly responsible members of the community. Home visits by this section during the year totalled 2,174, school visits 59, office interviews 217, and at 31st December, 1968, the number on the live register was 1,759.

This year 81 per cent. of the educationally subnormal obtained employment which is the highest percentage for several years.

The Evening Clubs for former Junior Occupational Centre pupils are very popular and well attended, and the special Evening Classes for ex-special school pupils benefit those who are willing and anxious for this additional tuition.

The majority of the physically handicapped who left school this year were able to work in the open employment market, as their disabilities were of a light nature. Several who were severely handicapped have gone forward for residential training or are in sheltered workshops and a few who are unemployable are attending the Cripple League Day Centre or Rotary Centre several days per week. Several of the severely handicapped, who were virtually homebound for years, are now in residential Training Hostels from Monday to Friday and are at home for the weekend. This has certainly given them a new outlook on life and has been a great help to the parents.

The voluntary organisations who cater for the wide range of handicaps continue to provide excellent social facilities for the physically handicapped and enable them to lead a fairly full life.

The Department's social clubs for handicapped persons still meet three afternoons weekly in Laurieston House. A total of 84 disabled persons attended these clubs during the year and specialised transport was required for most of those attending. Individual handcraft instruction was given to 55. The remainder either took part in table games or, as is frequently experienced with persons living alone, were content to talk with their immediate neighbours at the Club. A Senior Welfare Officer is always available to attend to the numerous and varied problems of members and one of our chiropodists gives regular treatment as required.

During the year outings to Ayr were held on three successive days using the Department's specialised transport. These outings were voted a great success by Club members, many of whom seldom leave their own home except when attending the Social Clubs.

Once more a visit to Lewis's Stores, Argyle Street, was arranged in December for a Christmas Shopping Evening when the warehouse was kept open exclusively for disabled persons. This service, which was initiated in 1966, has proved very successful and is utilised by increasing numbers every year.

In the work with the Handicapped Clubs the Department would like to show their appreciation to the ladies of the Women's Royal Voluntary Service who, throughout the year, are in attendance at the regular social club meetings and at the special functions mentioned.

There has been a steady demand for chiropody treatment in the past year, particularly from housebound patients.

During the year two more Clinics were opened one day per week, one at the Drumchapel Community Centre on a Wednesday and the other at the Pearce Institute in Govan on a Thursday.

The number of treatments given at the various centres is as follows :—

Residential Homes, 3,323 treatments.

Domiciliary Visits, 3,129 treatments

Whiteinch Clinic, 2,476 treatments.

Harrington Street Clinic, 1,951 treatments. (4 days per week).

St. Mungo Club, 502 treatments (1 day per week).

David Cargill Club, 461 treatments (1 day per week).

Drumchapel Clinic, 332 treatments (1 day per week, opened in February).

Laurieston House Clinic, 250 treatments (Blind and handicapped patients).

Pearce Institute Clinic, 34 treatments (1 day per week, opened in November).

On the contractual side of the Service 41 private chiropodists gave a total of 67,861 treatments in their own surgeries to approximately 16,000 old people at a cost to this Department of £32,318 2s. 6d.

At 31st December, 1968, there were 2,060 registered blind persons ordinarily resident in Glasgow. Of this number, 870 were males and 1,190 were females. Of the 183 new registrations (66 males, 117 females), 136 (74 per cent.) were over 60 years of age. Of those working (216), 159 (73 per cent.) are employed in the Royal Glasgow Workshops for the Blind.

Each of the ten districts have an average case-load of 206 blind persons and 21 partially-sighted, under the age of 65. The partially-sighted over 65 years of age are visited by the General Welfare Officers, and only where there is a special need or where a relationship has been established before this age, is the visitation continued by the Social Worker for the Blind. The number of visits to the homes of blind persons was 8,560, with approximately 260 of these for the purpose of Braille, moon, typing or hand-craft lessons. There are ten social and recreation clubs in various parts of the City. These have an average attendance of around 270 blind and partially-sighted persons each week and cover a wide variety of activities. From October to June, there is a weekly meeting for the deaf/blind in Laurieston House each Friday afternoon and transport is provided for most of those who attend. There is an average attendance of 25, and the deaf/blind look forward to these meetings each week. Simple competitions and exchange visits with other deaf/blind clubs are arranged, and as some of them live alone, and are fairly isolated from the rest of the community, these meetings provide a vital link with the outside world for them.

The social evenings which were held during the winter in the McLellan Galleries continue to be a success, the number attending these functions being approximately 290. A buffet tea is provided and singing, dancing and games make up the rest of the night. The hand-craft class which meets on a Monday afternoon in Laurieston House concentrates mainly on stool-seating, basketry and rubber link mats. For those who carry on handcraft work at home, the materials for this work are supplied by the Department at cost price. Other activities which continue to be popular are the Chess Club, Swimming Club, Discussion Group and the Ladies' Choir.

During the summer months, bus outings to various parks take the place of the social evenings. Last year, these buses were filled to capacity on each occasion. Other summer activities include bowling and skittles. During the summer holidays the Children's Club met

each Monday afternoon and this year went swimming, horse-riding, ice-skating, among other things and ended the season with a week-end's hill-climbing, staying at Loch Lomond Hostel overnight.

Talking Book machines continue to be very popular and this year the Department paid the rentals of 475 machines. When necessary, the Department provides transport for radios requiring repair and also for the delivery of handcraft materials, games and apparatus, which are sold from the Department's store.

Certificates of blindness are issued for a variety of reasons, including Department of Health and Social Security Benefit, Income Tax Relief and free wireless licences. Corporation transport passes and privilege tickets for Scottish Omnibuses are also issued.

The Department continues to work in close co-operation with the Mission to the Adult Deaf and Dumb for Glasgow and the West of Scotland who have their own club premises at the Royal Institute in West Regent Street and the St. Vincent's After-Care Society for the Deaf. These organisations act as agents of the Department dealing with persons suffering from the severe handicap of deafness, the Department contributing towards the cost of the various services. The Mission to the Adult Deaf and Dumb have a Home for Aged Deaf situated in Bearsden and the payments made by Glasgow residents admitted there are supplemented by this Department.

Close liaison exists between the Department and the various Voluntary Organisations who usually limit their activities to one particular handicap and sympathetic consideration is given to the many appeals for financial or other help from these organisations.

Craftwork in all the Senior Occupation Centres has gone on as usual, being augmented by contract work at Killearn Street and South Portland Street, and while this outwork has increased, it is satisfactory to note that the Annual Sale of Craftwork, held in the Banqueting Hall of the City Chambers in conjunction with the domiciliary occupational therapists and the Social Workers for the Blind, was once more an enormous success.

Summer outings were again enjoyed by the trainees, and in the winter months they had outings to cinemas and a visit at Christmas to the Kelvin Hall Circus. During the year, 103 boys were accommodated at South Portland Street, 41 girls at Killearn Street and 39 girls at Glencairn.

GENERAL WELFARE SERVICES

During the year the Welfare Section undertook investigations on behalf of the Education Department (316), the Home Help Section (4,570) the Smoke Control Section (526) and the Child Welfare Section (597). Applications for admission to the Department's Eventide Homes totalled 1,030 and 60 applications for supplementation of payments in Voluntary Homes for the Aged were made. At the request of the Lord Provost reports were prepared on 330 applications for assistance from charitable funds at his disposal. In all, 10,459 applications to the Section were recorded.

Students from the Certificate in Social Work Course at Jordanhill College, the Probation Service, the University of Strathclyde, the Glasgow University School of Social Study, the Glasgow School of Occupational Therapy and Health Visitor trainees were seconded to the Welfare Section during the year for part of their practical training.

The Clothing Store continues to supply the needs of residents in the Homes, boarded-out mental defectives and patients and those granted clothing by the Department of Health and Social Security, as well as meeting the requirements of the Children's Department. The value of clothing issued during 1968 was £120,603.

The three family casework units set up in 1965 in Drumchapel, Castlemilk and Easterhouse continue to function effectively. These provide for intensive and more comprehensive social work among families who appear to be unable to maintain proper standards of home and child care without special assistance. The need for their services continues to grow but there is still a shortage of suitably qualified social workers. The Department's Unit at Blairtummock House, Easterhouse, has developed its work over this year and now makes a major contribution to the local community. The unit has also provided a meeting place for social workers from the various services operating in the area.

The Housing Department have been adapting a number of houses for flatlets for aged persons, and these are administered by the Women's Royal Voluntary Service. The following flatlets have now been provided :—

3 Devonshire Gardens, Glasgow, W.2	...	12 flatlets
50 Hillend Road, Glasgow, N.2	...	7 flatlets
15 Newark Drive, Glasgow, S.1	...	7 flatlets
20 Newark Drive, Glasgow, S.1	...	7 flatlets
15 Aytoun Road, Glasgow, S.1	...	15 flatlets.
55 Aytoun Road, Glasgow, S.1	...	17 flatlets.

TABLE I
SMALL HOMES : ADMISSIONS AND DISCHARGES, 1968

	Ailsa	Burnbank	Davislea	Fairfield	Glenwood Lodge	Huntly Lodge	Knowehad	Macarthur House	Mainsholm	Merrylee Lodge	Patrick House	Ravelston	Redhills	Roberton	Scott House	Stoneleigh	Tayford	Tinto House	Windlaw	Woodburn	Woodmalling	Total
Admitted from own homes	2	4	7	1	2	4	4	1	1	5	—	4	—	2	2	2	—	—	2	5	3	51
Admitted from care of relatives	—	—	5	1	2	—	3	2	3	3	—	—	9	—	2	1	1	—	1	4	5	42
Admitted from lodgings/service rooms	1	—	1	1	—	—	2	1	3	—	—	1	—	—	—	1	1	—	—	—	1	13
Admitted from Hospital	10	19	10	—	4	—	3	—	6	2	—	2	—	2	1	2	—	—	14	2	1	78
Admitted from Convalescent, Nursing or Rest Homes	—	—	3	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	6
Transferred from other Small Homes	—	1	2	—	1	—	—	1	1	1	—	—	—	1	—	—	—	—	2	—	1	11
Transferred from Frail Ambulant Homes— i.e. Crookston	—	—	—	—	2	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	4
Burnbank	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Davislea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glenwood Lodge	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Windlaw	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Transferred from Foresthall	2	—	—	—	—	5	—	4	—	—	21	1	—	—	—	1	—	9	—	—	1	44
Re-admitted after Hospital treatment	6	7	4	1	5	11	6	1	11	5	—	4	5	1	8	5	4	4	10	8	7	113
Total Admissions	21	31	32	5	17	20	18	11	25	17	21	13	14	6	13	12	6	13	29	20	19	363
Discharged to own home or friends	2	1	4	1	—	6	3	1	2	2	—	1	8	2	2	—	1	2	1	2	2	43
Discharged to Private Rest Homes	—	—	1	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	4
Transferred to other Small Homes	—	—	1	2	—	—	1	1	—	—	2	—	—	1	—	—	—	—	—	—	—	8
Transferred to Frail Ambulant Homes— i.e. Crookston	1	1	2	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
Burnbank	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Davislea	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	2
Glenwood Lodge	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Windlaw	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	2
Transferred to Foresthall—Hospital or Frail Ambulant Unit	1	2	—	—	—	—	—	2	3	—	—	—	—	—	—	—	—	5	—	1	—	14
Transferred to Hospital	13	25	15	2	5	12	4	4	26	12	—	8	4	4	9	8	4	6	29	18	11	219
Died in the Home	1	2	6	—	9	3	2	—	1	1	—	—	—	—	3	1	1	—	1	1	—	32
Died while on Holiday or outside Home	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	7	1	1	12
Total Discharges	19	31	29	6	11	22	12	6	34	15	2	10	12	2	14	11	2	13	34	24	15	244

TABLE II

RESIDENTIAL HOMES

AGE GROUPS AT 31ST DECEMBER, 1968

Homes		65 and under	66/70	71/75	76/80	81/85	86/90	91/95	96/100	Total	Grand Total
Ailsa	M.	—	1	2	4	1	1	—	—	9	
	F.	—	1	3	2	4	—	1	—	11	20
Burnbank	M.	—	—	—	—	—	—	—	—	—	
	F.	2	5	5	8	13	10	6	—	49	49
Davislea	M.	—	3	2	5	7	2	—	—	19	
	F.	—	2	5	10	12	9	1	—	39	58
Fairfield	M.	—	3	1	3	3	—	—	—	10	
	F.	—	1	1	1	4	—	2	—	9	19
Glenwood Lodge	M.	—	—	1	4	3	2	—	—	10	
	F.	—	2	2	5	5	7	3	—	24	34
Huntly Lodge	M.	—	3	1	4	2	—	—	—	10	
	F.	—	3	3	6	7	2	1	—	22	32
Knothead	M.	—	2	4	5	5	2	1	—	19	
	F.	—	2	3	3	4	6	—	—	18	37
Macarthur House	M.	1	1	—	—	—	1	—	—	3	
	F.	—	—	3	—	6	1	—	—	10	13
Mainsholm	M.	—	3	1	3	5	—	—	—	12	
	F.	1	2	3	4	13	2	1	—	26	38
Merrylee Lodge	M.	—	2	2	6	3	1	—	—	14	
	F.	1	1	2	5	10	4	2	—	25	39
Patrick House	M.	1	2	1	1	—	—	—	—	5	
	F.	1	1	3	5	4	—	—	—	14	19
Ravelston	M.	—	2	1	2	1	1	—	—	7	
	F.	2	—	3	4	6	5	2	—	22	29
Reahills	M.	—	—	1	1	3	—	1	—	6	
	F.	—	1	1	4	4	2	1	—	13	19
Roberton	M.	—	—	—	—	—	—	—	—	—	
	F.	1	1	2	4	4	1	1	—	14	14
Scott House	M.	—	—	1	1	4	—	1	—	7	
	F.	—	2	6	2	10	7	2	—	29	36
Stoneleigh	M.	—	—	3	1	1	—	—	—	5	
	F.	—	1	5	3	4	1	1	—	15	20
Tayford	M.	—	—	2	2	2	1	—	—	7	
	F.	1	—	3	4	3	2	—	—	13	20
Tinto House	M.	—	7	1	1	—	1	—	—	10	
	F.	4	8	—	3	3	2	—	—	20	30
Windlaw	M.	—	—	—	—	1	3	1	—	5	
	F.	—	1	6	8	9	7	3	—	34	39
Woodburn	M.	—	1	2	5	—	2	—	—	10	
	F.	—	1	2	8	4	6	1	—	22	32
Woodmailing	M.	—	2	1	3	1	—	—	—	7	
	F.	—	1	2	3	5	1	1	—	13	20
Crookston Main Home	M.	6	10	23	29	35	32	11	—	146	
	F.	4	12	18	36	50	46	20	3	189	
											335
Crookston Cottages	M.	—	—	1	4	3	1	—	—	9	
	F.	1	10	7	31	28	15	2	—	94	
											103
Totals	M.	8	42	51	84	80	50	15	—	330	
	F.	18	26	58	139	159	243	212	66	725	1,055

All Homes Percentages 2.46 9.47 13.17 23.03 27.67 17.63 6.25 0.28

50.71

81.51

SECTION XIX

LEGISLATION, 1968

The following Acts of Parliament, Regulations, etc., applicable to the Health and Welfare Services in Scotland came into operation during the year :—

Clean Air Act, 1968—makes further provision for abating pollution of the air.

Commonwealth Immigrants Act, 1968—amends Sections 1 and 2 and Schedule 1 of the Commonwealth Immigrants Act, 1962 and makes further provision as regards Commonwealth citizens arriving in the United Kingdom, the Channel Islands and the Isle of Man.

Health Services and Public Health Act, 1968—amends the National Health Service Act, 1946 and the National Health Service (Scotland) Act, 1947 and makes other amendments connected with the national health service ; makes amendments connected with local authorities' services under the National Assistance Act, 1948 ; amends the law relating to notifiable diseases and food poisoning ; amends the Nurseries and Child Minders Regulation Act, 1948 ; amends the law relating to food and drugs ; enables assistance to be given to certain voluntary organisations ; enables the Minister of Health and Secretary of State to purchase goods for supply to certain authorities ; makes other amendments in the law relating to public health.

Housing (Financial Provisions) (Scotland) Act, 1968—consolidates certain enactments relating to the giving of financial assistance towards the provision or improvement of housing accommodation in Scotland and to other financial matters connected therewith.

Social Work (Scotland) Act, 1968—makes further provision for promoting social welfare in Scotland ; consolidates with amendments, certain enactments relating to the care and protection of children ; amends the law relating to the supervision and care of persons put on probation or released from prison, etc. ; restricts the prosecution of children for offences ; establishes children's panels to provide children's hearings in the case of children requiring compulsory measures of care.

Trade Descriptions Act, 1968—replaces the Merchandise Marks Acts, 1887 to 1953 by fresh provisions prohibiting misdescriptions of goods, services, accommodation and facilities provided in the course of trade ; prohibits false or misleading indications as to the price of goods ; confers power to require information or instructions relating to goods to be marked on or to accompany the goods or to be included in advertisements ; prohibits the unauthorised use of devices or emblems signifying royal awards ; enables the Parliament of Northern Ireland to make laws relating to merchandise marks.

CIRCULARS, REGULATIONS, ETC., ISSUED IN 1968 :

S.I.—Statutory Instrument (the date is that of the coming into operation).

S.D.D.—Scottish Development Department.

S.E.D.—Scottish Education Department.

S.H.H.D.—Scottish Home and Health Department.

H. & W.S.—Health and Welfare Service (Scottish Home and Health Department).

S.W.—Social Work Services Group.

Abortion—

1. S.I. 505(S.49) of 27.4.68. Medical Profession. The Abortion (Scotland) Regulations, 1968.

Accident Prevention—

1. H. & W.S. Memo No. 10 of 20.3.68. Home and Industrial Safety.

Aliens—

1. S.I. 1649 of 16.10.68. The Aliens Order, 1968.

Annual Reports—

1. H. & W.S. Circular 33 of 27.12.68. Annual Reports of the Medical Officers of Health and Sanitary Inspectors.

Anthrax—

1. S.I. 2005 of 13.1.69. Factories. The Anthrax (Cautionary Notice) Order, 1968.

Atmospheric Pollution—

1. Amendment (7.3.68) to S.D.D. circular 66/1965. Clean Air Act, 1956 Grant arrangements.
2. S.I. 1271 of 2.9.68. The Clean Air (Measurement of Grit and Dust) (Scotland) Regulations, 1968.
3. S.D.D. Circular 52 of 19.8.68. The Clean Air (Measurement of Grit and Dust) (Scotland) Regulations, 1968.
4. S.I. 1941 (C.28) (S.172) of 4.12.68. The Clean Air Act, 1968 (Commencement No. 1) (Scotland) Order, 1968.

Deafness—

1. H. & W.S. Circular 16 of 12.7.63. Report of the Working Party on the Ascertainment of Children with Hearing Defects.

Dental Services—

1. H. & W.S. Memo. No. 11 of 1.4.68. Remuneration of Part-time Dental Officers.
2. H. & W.S. Memo. No. 12 of 5.4.68. Refresher Courses for Dentists.
3. H. & W.S. Memo. No. 25 of 15.7.68. Refresher Courses for Dentists.
4. H. & W.S. Memo. No. 29 of 18.7.68. Local Authority dental services statistics.
5. H. & W.S. Memo. No. 33 of 24.10.68. Refresher Courses for Dentists.

Disabled Persons—

1. S.D.D. Circular 53 of 15.8.68. Design of Public Conveniences with facilities for the disabled.
2. H. & W.S. Circular 28 of 5.11.68. Disabled Week, 1969.

Drugs—

1. S.I. 1851 of 10.1.68. Therapeutic Substances. The Therapeutic Substances (Control of Sale and Supply) Regulations, 1967.
2. H. & W.S. Circular 4 of 15.2.68. The Dangerous Drugs (Notification of Addicts) Regulations, 1968.
3. S.I. 136 of 22.2.68. Dangerous Drugs (Notification of Addicts) Regulations, 1968.
4. H. & W. S. Circular 5 of 22.2.68. The rehabilitation and after-care of heroin addicts.
5. H. & W.S. Circular 6 of 29.2.68. Advisory Panel on drug addiction.
6. H. & W.S. Circular 11 of 5.4.68. Dangerous Drugs (Supply to Addicts) Regulations, 1968.
7. S.I. 416 of 16.4.68. The Dangerous Drugs (Supply to Addicts) Regulations, 1968.
8. S.H.H.D. Circular 14 of 7.6.68. Pharmaceutical Services. Charges to Patients.
9. S.I. 1607 (S.157) of 1.11.68. The National Health Service (Charges for Drugs and Appliances) (Scotland) Amendment Regulations, 1968.
10. H. & W.S. Circular 29 of 4.12.68. Acute poisoning by drugs.

Epilepsy—

1. H. & W.S. Circular 12 of 9.4.68. Medical Care of Epilepsy in Scotland.
2. S.E.D. Circular 678 of 11.4.68. Medical Care of Epilepsy in Scotland.

Finance—

1. S.H.H.D. Circular 8 of 18.3.68. Local Authority licence and registration fees.
2. S.I. 248 (S.22) of 1.4.68. Licences & Licensing. The Miscellaneous Fees (Variation) (Scotland) Order, 1968.
3. H. & W.S. Circular 18 of 26.7.68. Capital Expenditure.
4. H. & W.S. Circular 22 of 4.9.68. Capital Expenditure.

Food—

1. Foods Circular No. 1 of 12.2.68. Food & Drugs (Scotland) Act, 1956. The Sausage and other Meat Product (Scotland) Amendment Regulations, 1968.
2. Foods Circular No. 2 of 5.3.68. Food & Drugs (Scotland) Act, 1956. The Solvents in Food (Scotland) Regulations, 1968.
3. S.I. 1077 (S.85) of 31.5.68. Composition and Labelling—Scotland. The Meat Pie and Sausage Roll (Scotland) Regulations, 1967.
4. S.E.D. Memo. No. 11 of 12.6.68. Higher National Diplomas in Food Technology.
5. S.I. 1181 (S.129) of 1.8.68. Food & Drugs. Food Hygiene. The Imported Food (Scotland) Regulations, 1968.
6. S.H.H.D. Imported food circular 1/1968 of 1.8.68. The Imported Food (Scotland) Regulations, 1968.
7. S.H.H.D. Addenda to D.H.S. Circular 67/1958. Food and Drugs (Scotland) Act, 1956 and Agriculture (Poisonous Substances) Act, 1952. Chemical Substances used in Agriculture and Food Storage. Nos. 49 to 52 inclusive.

Haemophilia—

1. H. & W.S. Circular 20 of 20.8.68. Persons suffering from haemophilia and related diseases.

Health Education—

1. H. & W.S. Circular 17 of 10.7.68 }
2. S.E.D. Circular 686 of 10.7.68 } Health Education.
3. H.E. 1 of 25.10.68. Winter Epidemics.
4. H.E. 2 of 26.12.68. Smoking and Alcoholism Campaigns.

Health Services—

1. S.I. 225 (S.16) of 1.3.68. National Health Service (Appointment of Medical and Dental Officers) (Scotland) Amendment Regulations, 1968.
2. H. & W.S. Circular 10 of 19.4.68. Professions supplementary to Medicine Act, 1960. Qualifications of orthoptists.
3. S.I. 279 (S.28) of 1.5.68. The National Health Service (Professions supplementary to Medicine) (Scotland) (Amendment) Regulations, 1968.
4. S.I. 818 (S.94) of 10.6.68. The National Health Service (Charges for Drugs and Appliances) (Scotland) Regulations, 1968.
5. S.H.H.D. Circular 15 of 20.6.68. Course on administrative medicine and the health services of the future, for senior medical staff.
6. S.I. 1387 (C.16) (S.139) of 22.8.68. Public Health Service, Scotland. The Health Services and Public Health Act, 1968 (Commencement No. 1) (Scotland) Order, 1968.
7. H. & W.S. Circular 21 of 2.9.68. Health Services and Public Health Act, 1968.

Health Services—Continued—

8. S.I. 1407 (S.141) of 9.9.68. National Health Service, Scotland. The Health and Welfare Services (Provision of Instruction) (Scotland) Regulations, 1968.
9. S.I. 1607 (S.157) of 1.11.68. The National Health Service (Charges for Drugs and Appliances) (Scotland) (Amendment) Regulations, 1968.

Health Visiting—

1. H. & W.S. Memo. 43 of 24.12.68. Training of Health Visitors.

Housing—

1. S.D.D. Circular 1 of 16.1.68. Housing (Repairs and Rents) (Scotland) Act, 1954 and Rent Act, 1957. Return of certificate of disrepair.
2. S.D.D. Circular 8 of 14.3.68. Storm Damage.
3. S.D.D. Circular 48 of 25.7.68. "The Older Houses in Scotland: a plan of action."
4. S.D.D. Circular 63 of 25.10.68. "Allocating council houses" Report of the Scottish Housing Advisory Committee.

Immigrants—

1. H. & W.S. Circular 7 of 4.3.68. Health and Welfare Services. Health Control of Immigrants.

Immunisation—

1. H. & W.S. Memo. No. 8 of 7.3.68. Notice to Travellers.
2. H. & W.S. Memo No. 9 of 27.3.68. Poliomyelitis Vaccination.
3. H. & W.S. Circular 9 of 1.4.68. Vaccination against Measles.
4. H. & W.S. Circular 27 of 18.10.68. Vaccination and Immunisation in Childhood.

Infectious Disease—

1. S.I. 1493 (S.147) of 25.9.68. The Public Health (Infectious Disease) (Scotland) Amendment Regulations, 1968.
2. H. & W.S. Circular 26 of 27.9.68. Notification of Infective Jaundice and Measles.
3. Scottish Health Education Unit. Health Education Circular No. 1/1968 of 25.10.68. Winter Epidemics.
4. H. & W.S. Circular 31 of 18.12.68. Course on the Epidemiology of the Communicable Diseases.

Maternal and Child Care—

1. H. & W.S. Memo. of 22.2.68. Family Allowances.
2. S.I. 505 (S.49) of 27.4.68. The Abortion (Scotland) Regulations, 1968.
3. H. & W.S. Memo. 31 of 13.8.68. Family Allowances.
4. H. & W.S. Memo. 35 of 3.9.68. Maternity Benefits.

Meat Inspection—

1. Foods Circular 7 of 14.10.68. Meat Inspection. Unstamped meat carcasses sent to England and Wales.
2. Foods Circular 9 of 4.11.68. Meat Inspection. Brucellosis (Accredited Herds) Scheme.
3. Public Health (Imported Food) (Scotland) Regulations, 1968. 120 circulars were issued in 1968. These referred to changes in the official certificates of the various countries from which meat is imported and to amendments of the list of the approved establishments engaged in the processing of various meat products.

Mental Health Service

1. H. & W.S. Memo. No. 5 of 7.2.68. Mental Health (Scotland) Act, 1960.
2. H. & W.S. Memo. No. 14 of 26.4.68. Mental Health (Scotland) Act, 1960.
3. H. & W.S. Memo. No. 28 of 25.7.68. Mental Health (Scotland) Act, 1960.
4. H. & W.S. Memo. No. 37 of 10.10.68. Mental Health (Scotland) Act, 1960.

Midwives—

1. S.I. 247 (S.21) of 1.4.68. Nurses and Midwives. The Nurses' Agencies (Increase of Licence Fees) (Scotland) Regulations, 1968.
2. S.I. 694 (S.66). . . . Central Midwives Board for Scotland Rules, 1967. Approval Instrument.

Milk—

1. S.I. 374 (S.35) of 21.3.68. Milk and Dairies, Scotland. The Milk (Special Designations) (Specified Areas) (Scotland) Order, 1968.
2. Foods Circular 3 of 21.3.68. Milk and Dairies, Scotland. The Milk (Special Designations) (Specified Areas) (Scotland) Order, 1968.
3. Foods Circular 5 of 16.8.68. Milk and Dairies (Scotland) Act, 1914. Cubicle Housing for Dairy Cows.
4. Foods Circular 6 of 26.9.68. Food and Drugs (Labelling). The Skimmed Milk with Non-Milk Fat (Scotland) Amendment Regulations, 1968.
5. S.I. 1945 (S.148) of 26.9.68. Food and Drugs (Labelling). The Skimmed Milk with Non-Milk Fat (Scotland) Amendment Regulations, 1968.
6. Foods Circular 10 of 19.12.68. The Milk (Special Designations) (Specified Areas) (Scotland) Order, 1968.
7. S.I. 1957 (S.173) of 26.12.68. Milk and Dairies, Scotland. The Milk (Special Designations) (Specified Areas) (Scotland) (No. 2) Order, 1968.
8. Addenda to D.H.S. Circular 6/1962. Chemical Sterilization of Dairy Equipment Nos. 25 to 28 inclusive.

Nursing—

1. H. & W.S. Circular 1 of 9.1.68. Use of Ancillary Help in Local Authority Nursing Services.
2. H. & W.S. Circular 8 of 23.3.68. The Nurses' Agencies (Increase of Licence Fees) (Scotland) Regulations, 1968.
3. S.I. 247 (S.21) of 1.4.68. Nurses and Midwives. The Nurses' Agencies (Increase of Licence Fees) (Scotland) Regulations, 1968.
4. H. & W.S. Memo. 33 of 21.8.68. Training of District Nurses.

Noise—

1. H. & W.S. Circular 32 of 23.12.68. Three-day course on practical noise control.

Offices, Shops and Railway Premises Act, 1963.

1. L.A. Circular 17, F.A. Circular 9 (Supplement 3) 26.1.68. Reported Decisions of Courts of Summary Jurisdiction, etc.
2. L.A. Circular 7 (Supplement 14) of 27.2.68. Provisions concerning machinery. Guarding of belt conveyors.
3. L.A. Circular 18 of 27.6.68. The Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968.
4. L.A. Circular 6, F.A. Circular 4 (Supplement 4) of 15.7.68. Enforcement of the Act in Premises owned and/or occupied by N.A.A.F.I.
5. L.A. Circular 17, F.A. Circular 9 (Supplement 4) 16.9.68. Reported Decisions of Courts of Summary Jurisdiction.
6. L.A. Circular 9 (Supplement 5) of 3.9.68. Section 8—Lighting.
7. L.A. Circular 9 (Supplement 6) of 16.9.68. Section 21—Noise.
8. L.A. Circular 7 (Supplement 15) of 18.9.68. Guarding of Food Slicing Machines.
9. L.A. Circular 10 (Supplement 1) of 20.9.68. Section 12 (Accommodation for Clothing).
10. L.A. Circular 18 (Supplement 1) of 7.10.68. The Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968.

Poisons—

1. S.I. 74 of 8.2.68. The Poisons List Order, 1968.
2. S.I. 75 of 8.2.68. The Poisons Rules Order, 1968.

Public Health—

1. S.I. 1913 (S.169) of 6.12.68. The Public Health (Ships) (Scotland) Amendment Regulations, 1968.
2. H. & W.S. Circular 30 of 6.12.68. The Public Health (Ships) (Scotland) Amendment Regulations, 1968.

Radiation—

1. S.I. 780 of 27.5.68. The Ionising Radiations (Unsealed Radioactive Substances) Regulations, 1968.
2. C.D. (Scotland) Circular 12 of 12.6.68. Warning of Radioactive fall-out.
3. H. & W.S. Circular 19 of 8.8.68. Course on Radiation Protection.

School Health Service—

1. S.E.D. Circular 673 of 15.3.68. Schemes of remission of charges for school meals.
2. { H. & W.S. Circular 23 of 4.9.68 } Headworn hearing aids for school
{ S.E.D. Circular 688 of 4.9.68 } children.
3. S.H.H.D. Circular 25 of 13.9.68. School Health Service.

Social Service—

1. H. & W.S. Circular of 1.2.68. Training for Social Work in the Health and Welfare Services.
2. { H. & W. S. Circular 3 } of 9.2.68. Pooling of expenditure on social
{ Child Care Circular 1 } work services.
3. S.W. Circular 1 of 30.7.68. Social Work (Scotland) Act, 1968.
4. S.W. Circular 3 of 25.10.68. Social Work (Scotland) Act, 1968. Combinations of local authorities.
5. S.W. Circular 5 of 19.12.68. Social Work (Scotland) Act, 1968. Commencement of the Act.
6. S.W. Circular 6 of 19.12.68. Social Work (Scotland) Act, 1968. Reorganisation of the services.

Statistics—

1. H. & W.S. Memo. 1 of 9.1.68. Manual of International Statistical Classification of Disease, Injuries and Causes of Death.

Water Supplies—

1. S.D.D. Circular 32 of 12.6.68. Safeguards in Waterworks.
2. H. & W.S. Circular 24 of 10.9.68. Fluoridation of Water Supplies.

Welfare Foods—

1. Foods Memo. 4 of 27.3.68. Welfare Foods Order, 1968.
2. S.I. 389 of 31.3.68. Welfare Foods Order, 1968.
3. Foods Memo. 3 of 18.6.68. Complaint re. samples of National Dried Milk.
4. Foods Memo. 4 of 2.8.68. Welfare Orange Juice.
5. S.I. 1605 of 17.10.68. Food and Drugs. The Welfare Foods (Amendment) Order, 1968.
6. Food Circular 8 of 24.10.68. Food and Drugs. The Welfare Foods (Amendment) Order, 1968.

APPENDIX.

TABLE I.—GLASGOW, 1968.—ESTIMATED POPULATION AS AT 30TH JUNE, IN EACH MUNICIPAL WARD, ACREAGE, AND PERSONS PER ACRE.

MUNICIPAL WARDS	POPULATION				Acreage	Persons per acre (including Inst'tutions and Shipping)
	Without Institutions and Shipping	Institu- tions	Shipping*	Total		
1. Shettleston and Tollcross ...	40,895	282	—	41,177	1,167	35
2. Parkhead ...	16,010	344	—	16,354	819	20
3. Dalmarnock ...	23,967	11	—	23,978	487	49
4. Calton ...	14,152	643	—	14,795	404	37
5. Mile-end ...	21,030	134	—	21,164	443	48
6. Dennistoun ...	22,104	—	—	22,104	689	32
7. Provan ...	83,463	2,739	—	85,202	4,846	18
8. Cowlairs ...	19,042	908	—	19,950	645	31
9. Springburn ...	30,142	1,779	—	31,921	2,118	15
10. Townhead ...	15,585	1,301	—	16,886	301	56
11. Exchange ...	6,243	2,656	4	8,903	507	18
12. Anderston ...	11,481	521	412	12,414	530	23
13. Park ...	14,175	713	—	14,888	317	47
14. Cowcaddens ...	11,546	230	—	11,776	488	24
15. Woodside ...	12,251	287	—	12,538	170	74
16. Ruchill ...	40,011	444	—	40,455	1,962	21
17. North Kelvin	19,135	188	—	19,323	278	70
18. Maryhill ...	24,894	44	—	24,938	2,210	11
19. Kelvinside ...	20,191	1,591	5	21,787	1,160	19
20. Partick (East)	17,420	975	—	18,395	351	52
21. Partick (West)	18,042	35	61	18,138	464	39
22. Whiteinch ...	19,141	48	—	19,189	894	21
23. Yoker ...	29,737	269	14	30,020	1,213	25
24. Knightswood	52,488	109	—	52,597	1,614	33
25. Hutchesontown	12,024	—	—	12,024	387	31
26. Gorbals ...	12,597	4	—	12,601	252	50
27. Kingston ...	11,268	—	10	11,278	355	32
28. Kinning Park	17,259	40	466	17,765	402	44
29. Govan ...	19,826	41	—	19,867	489	41
30. Fairfield ...	17,033	1,172	266	18,471	1,351	14
31. Craigton ...	36,755	272	—	37,027	1,566	24
32. Pollokshields	34,454	2,054	—	36,508	3,239	11
33. Camphill ...	18,488	267	—	18,755	481	39
34. Pollokshaws	47,927	413	—	48,340	3,223	15
35. Govanhill ...	23,060	149	—	23,209	365	64
36. Langside ...	25,178	621	—	25,799	801	32
37. Cathcart ...	64,249	249	—	64,498	2,737	24
CITY ...	922,263	21,533	1,238	945,034	39,725	24

* as at Census 1961.

TABLE II.—GLASGOW, 1968.—INHABITED AND UNOCCUPIED HOUSES
IN EACH MUNICIPAL WARD AS AT WHITSUNDAY, 1968.

MUNICIPAL WARDS	INHABITED HOUSES				Empty Houses
	1968	1967	Decrease	Increase	
1. Shettleston and Tollcross	13,178	13,184	6	—	200
2. Parkhead	5,949	5,799	—	150	62
3. Dalmarnock	9,143	9,678	535	—	821
4. Calton	5,262	5,509	247	—	401
5. Mile-end	7,751	8,247	496	—	658
6. Dennistoun	8,294	8,433	139	—	328
7. Provan	21,153	21,168	15	—	21
8. Cowlares	7,757	7,747	—	10	417
9. Springburn	9,509	9,024	—	485	233
10. Townhead	5,455	6,177	722	—	1,199
11. Exchange	2,599	2,779	180	—	257
12. Anderston	4,157	4,777	620	—	440
13. Park	4,769	5,291	522	—	409
14. Cowcaddens	4,311	4,466	155	—	908
15. Woodside	4,641	4,791	150	—	452
16. Ruchill	12,122	12,346	224	—	242
17. North Kelvin	7,801	8,033	232	—	517
18. Maryhill	9,056	8,712	—	344	291
19. Kelvinside	8,171	8,100	—	71	231
20. Partick (East)	6,996	7,038	42	—	338
21. Partick (West)	7,375	7,387	12	—	364
22. Whiteinch	6,852	7,054	202	—	197
23. Yoker	10,842	9,860	—	982	82
24. Knightswood	13,849	13,922	73	—	97
25. Hutchesontown	4,557	4,766	209	—	247
26. Gorbals	3,692	4,351	659	—	399
27. Kingston	3,597	4,212	615	—	461
28. Kinning Park	6,216	6,720	504	—	344
29. Govan	6,479	7,049	570	—	315
30. Fairfield	6,335	6,440	105	—	234
31. Craigton	12,355	12,165	—	190	53
32. Pollokshields	10,295	10,269	—	26	138
33. Camphill	7,857	7,855	—	2	227
34. Pollokshaws	13,234	13,104	—	130	30
35. Govanhill	9,289	8,912	—	377	321
36. Langside	9,378	9,165	—	213	176
37. Cathcart	19,037	18,923	—	114	127
CITY	309,313	313,453	4,140	—	12,237

*These figures (supplied by the City Assessor) include Farmed-out Houses, houses attached to business premises and inhabitant occupiers.

TABLE III.—GLASGOW.—LININGS GRANTED BY DEAN OF GUILD COURT
IN RESPECT OF HOUSES IN YEARS FROM 1919.

Year ending 31st August	NUMBER OF APARTMENTS						TOTAL
	1	2	3	4	5	6	
1919-20 (Annual Average)	—	6	692	246	107	29	1,080
1921-25 (do.)	—	308	638	400	234	51	1,631
1926-30 (do.)	—	350	3,067	1,346	448	90	5,301
1931-35 (do.)	13	349	2,287	1,578	131	23	4,381
1936-39 (do.)	—	—	1,581	2,140	533	24	4,279
1940-43 (do.)	—	—	—	—	—	—	—
1944-48 (do.)	25	23	226	792	145	2	1,213
1949-53 (do.)	90	108	2,402	2,230	288	2	5,120
1954-58 (do.)	128	120	3,287	1,102	189	3	4,829
1959-63 (do.)	595	783	2,856	429	41	1	4,705
1964	729	1,396	2,362	860	150	17	5,514
1965	360	1,567	2,603	456	137	—	5,123
1966	209	930	2,163	88	10	—	3,400
1967	794	2,048	1,991	373	32	6	5,244
1968	70	980	1,619	56	1	—	2,726

TABLE IV.—ABSTRACT OF METEOROLOGICAL OBSERVATIONS TAKEN AT
SPRINGBURN PUBLIC PARK.

MONTHS		TEMPERATURE			RAINFALL		SUNSHINE Hours
		Highest Temp. in Shade	Lowest Temp. in Shade	Mean Temp.	No. of Days	Amount Collected in inches	
1968							
January	...	51	24	38.5	19	3.24	35.5
February	...	43	21	33.6	13	2.21	65.1
March	...	58	29	41.6	15	3.98	90.2
April	...	64	24	44.8	13	2.20	154.8
May	...	73	31	47.2	15	4.18	128.1
June	...	80	43	56.9	14	1.40	199.0
July	...	72	48	57.4	11	3.49	120.6
August	...	73	41	58.0	8	2.86	163.4
September	...	69	39	54.1	19	5.90	97.4
October	...	62	32	50.6	21	6.35	60.4
November	...	54	26	41.0	13	3.38	49.1
December	...	49	24	36.9	13	1.43	28.5
1957	...	82	24	48.3	220	42.05	1,264
1958	...	82	15	47.2	224	41.51	1,052
1959	...	80	18	48.9	196	34.21	1,220
1960	...	79	12	47.7	230	41.32	1,260
1961	...	76	15	47.4	223	46.26	1,086
1962	...	76	18	46.1	208	43.35	1,230
1963	...	78	11	45.6	223	37.62	1,281
1964	...	72	19	47.1	211	36.94	1,145
1965	...	74	11	45.3	198	41.52	1,190
1966	...	80	19	46.3	216	43.66	1,151
1967	...	75	21	47.0	237	42.69	1,221
1968	...	80	21	46.7	174	40.62	1,192

TABLE V.—GLASGOW.—BIRTHS AND BIRTH-RATES *per Million* IN EACH WARD, FOR THE YEAR 1968 AND NUMBER AND PERCENTAGE OF ILLEGITIMATE BIRTHS.

MUNICIPAL WARDS.	Births 1968	Birth- rate 1968	Birth- rate 1967	Illegitimate Births	
				No.	% Total Births.
1. Shettleston and Tollcross ...	785	19,196	18,669	83	10·6
2. Parkhead	308	19,238	19,108	34	11·0
3. Dalmarnock	794	33,129	35,310	109	13·7
4. Calton	408	28,830	28,787	64	15·7
5. Mile-end	755	35,901	36,154	91	12·1
6. Dennistoun	517	23,389	24,349	43	8·3
7. Provan	1,269	15,388	14,508	143	11·3
8. Cowlares	638	33,505	33,167	59	9·2
9. Springburn	534	17,716	17,343	76	14·2
10. Townhead	446	28,617	28,439	46	10·3
11. Exchange	117	18,740	22,885	16	13·7
12. Anderston	290	25,259	25,418	49	16·9
13. Park	308	21,728	19,974	65	21·1
14. Cowcaddens	330	28,581	33,271	28	8·5
15. Woodside	395	32,242	32,218	61	15·4
16. Ruchill	610	15,246	16,455	82	13·4
17. North Kelvin	695	36,321	37,676	79	11·4
18. Maryhill	581	23,339	21,961	51	8·8
19. Kelvinside	295	14,610	14,693	23	7·8
20. Partick (East)	359	20,608	21,410	28	7·8
21. Partick (West)	421	23,334	25,011	20	4·8
22. Whiteinch	319	16,666	12,246	29	9·1
23. Yoker	394	13,249	12,083	33	8·4
24. Knightswood	660	12,574	13,833	73	11·1
25. Hutchesontown	343	28,526	33,044	36	10·5
26. Gorbals	290	23,021	22,402	29	10·0
27. Kingston	337	29,908	27,153	31	9·2
28. Kinning Park	503	29,144	28,441	52	10·3
29. Govan	568	28,649	30,241	50	8·8
30. Fairfield	425	24,952	27,143	29	6·8
31. Craigton	400	10,883	9,181	28	7·0
32. Pollokshields	506	14,686	14,721	55	10·9
33. Camphill	357	19,310	18,032	26	7·3
34. Pollokshaws	697	14,543	14,470	73	10·5
35. Govanhill	758	32,871	28,983	48	6·3
36. Langside	357	14,179	17,144	19	5·3
37. Cathcart	1,030	16,031	15,279	86	8·3
Institutions	17	—	—	17	—
Harbour... ..	—	—	—	—	—
CITY	18,816	19,910	20,126	1,964	10·4

TABLE VI.—GLASGOW.—DEATHS AND DEATH RATES *per Million* IN EACH MUNICIPAL WARD, FOR THE YEAR 1968, AND CORRESPONDING RATES FOR 1967 AND 1966. (Compiled in the Department).

MUNICIPAL WARDS	Deaths 1968	Death-rates		
		1968	1967	1966
1. Shettleston and Tollcross	526	12,862	11,177	12,106
2. Parkhead	264	16,490	15,628	15,481
3. Dalmarnock	357	14,895	13,107	14,140
4. Calton	235	16,605	14,087	16,496
5. Mile-end	287	13,647	12,992	12,757
6. Dennistoun	336	15,201	13,646	13,032
7. Provan	642	7,785	7,388	8,373
8. Cowlairs	290	15,229	12,890	14,678
9. Springburn	334	11,081	9,967	11,564
10. Townhead	208	13,346	11,196	13,445
11. Exchange	126	20,183	20,467	21,768
12. Anderston	175	15,243	16,391	14,148
13. Park	196	13,827	13,381	12,989
14. Cowcaddens	183	15,850	13,416	10,936
15. Woodside	163	13,305	12,130	13,409
16. Ruchill	565	14,121	11,460	13,157
17. North Kelvin	252	13,170	12,999	14,297
18. Maryhill	362	14,542	11,680	13,135
19. Kelvinside	274	13,570	13,448	15,363
20. Partick (East)	255	14,638	13,106	12,987
21. Partick (West)	252	13,967	12,337	13,453
22. Whiteinch	249	13,009	12,246	13,197
23. Yoker	452	15,200	14,727	14,685
24. Knightswood	461	8,783	7,373	8,603
25. Hutchesontown	172	14,305	11,101	13,266
26. Gorbals	170	13,495	11,168	9,833
27. Kingston	153	13,578	10,164	13,040
28. Kinning Park	281	16,281	13,172	14,475
29. Govan	289	14,577	14,217	13,566
30. Fairfield	267	15,675	15,279	15,041
31. Craigton	518	14,093	12,729	14,887
32. Pollokshields	361	10,478	10,803	10,651
33. Camphill	319	17,254	17,433	16,068
34. Pollokshaws	447	9,327	9,916	9,378
35. Govanhill	335	14,527	12,562	13,797
36. Langside	321	12,749	14,549	14,096
37. Cathcart	571	8,887	8,635	9,620
Institutions	568	—	—	—
Harbour	3	—	—	—
CITY	12,219	12,930	11,952	12,702

TABLE VII.—GLASGOW.—DEATHS AND DEATH-RATES *per Million* FROM DIFFERENT CAUSES, FOR THE YEAR 1968, AND THE CORRESPONDING RATES FOR 1967 AND 1966.

(from Registrar General's Annual Return)

Code No.	CAUSE OF DEATH	Deaths 1968	Annual Death Rate per Million		
			1968	1967	1966
1	Enteritis and other diarrhoeal diseases	37	39	†79	†69
2	Tuberculosis of the respiratory system	88	93	†105	97
3	Other tuberculosis, including late effects	13	14	9	13
4	Whooping Cough	—	—	3	—
5	Meningococcal infection	4	4	8	7
6	Acute poliomyelitis	—	—	—	—
7	Measles	1	1	3	3
8	Syphilis and its sequelae	2	2	12	7
9	Other infective and parasitic diseases*	31	33	20	22
10/15	Malignant neoplasms	2,632	2,785	2,651	2,538
116	Benign and unspecified neoplasms	14	15	29	26
117	Diabetes mellitus	112	119	118	134
118	Avitaminoses and other nutritional deficiency	4	4	a	a
119	Anaemias	38	40	34	40
20	Other general diseases	43	46	†68	†70
21	Meningitis	17	18	7	12
22	Other diseases of nervous system	166	176	122	152
23	Active rheumatic fever	2	2	2	2
24	Chronic rheumatic heart disease	175	185	159	152
25	Hypertensive disease	211	223	148	187
26	Ischaemic heart disease	2,952	3,124	3,268	3,427
27	Other forms of heart disease	591	625	†185	†163
28	Cerebrovascular disease	1,717	1,817	1,865	1,834
29	Other circulatory disease	402	425	425	446
30	Influenza	66	70	6	74
31	Pneumonia	592	626	†437	†665
32	Bronchitis, emphysema and asthma	715	757	†635	†825
33	Other respiratory diseases	104	110	†63	†65
34	Peptic ulcer	90	95	80	96
35	Appendicitis	11	12	12	15
36	Intestinal obstruction and hernia	53	56	74	73
37	Cirrhosis of liver	67	71	66	55
38	Other digestive diseases	121	128	†63	†81
39	Nephritis and nephrosis	29	31	51	55
40	Hyperplasia of prostate	30	32	31	35
41	Infections of kidney	61	65	a	a
42	Other diseases of genito-urinary system	39	40	99	101
43	Abortion	—	—	a	a
44	Other complications of pregnancy, childbirth and the puerperium	1	1	6	3
45	Diseases of the skin, musculoskeletal system, etc.	42	44	43	41
46/49	Congenital Anomalies	118	125	135	133
49	Birth injury, difficult labour and other anoxic and hypoxic conditions	129	136	137	196
50	Other causes of perinatal mortality	63	67	†93	†114
51	Senility without mention of psychosis	19	20	25	37
52	Ill-defined and unknown causes	15	16	21	20
3/54	Road vehicle accidents	163	173	157	170
55	Accidents in the home (part BE 50)	214	226	170	197
56	Other violence (part BE 50)	176	186	155	149
57	Suicide and self-inflicted injury	50	53	75	90
	Total	12,220	12,930	11,954	12,697

* Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephalitis.

† Owing to changes in classification introduced in 1968 the figures for previous years are not strictly comparable. See text, page 35.

a Not previously shown.

TABLE VIIIA.—GLASGOW, 1968.—DEATHS FROM DIFFERENT CAUSES
AT SEVERAL AGE PERIODS (MALES).

(from Registrar General's Annual Return)

Cons No.	CAUSE OF DEATH	—4 Wks	4— Wks	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85—	Total Males
1	Enteritis and other diarrhoeal diseases ...	3	13	2	1	—	—	—	—	—	1	—	—	—	20
2	Tuberculosis of the respiratory system ...	—	—	—	—	—	1	1	6	7	13	21	15	1	65
3	Other tuberculosis, including late effects ...	—	—	—	—	1	—	—	1	1	1	3	2	—	9
4	Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Meningococcal infection ...	—	2	1	—	—	—	—	—	—	—	—	—	—	—
6	Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Syphilis and its sequelae ...	—	—	—	—	—	—	—	—	—	—	—	2	—	2
9	Other infective and parasitic diseases* ...	1	1	1	—	—	1	—	—	2	2	2	2	—	12
10/															
15	Malignant neoplasms ...	—	1	6	5	2	5	12	54	158	486	499	225	34	1,487
16	Benign and unspecified neoplasms ...	—	—	—	—	—	—	—	—	—	2	2	—	—	4
17	Diabetes Mellitus ...	—	—	—	—	—	1	—	3	2	10	13	4	2	35
18	Avitaminoses and other nutritional deficiency ...	—	—	—	—	—	—	—	—	—	2	2	—	—	4
19	Anaemias ...	—	—	—	—	—	—	—	—	—	2	2	4	1	9
20	Other general diseases ...	—	—	2	—	1	—	—	2	3	3	2	2	—	15
21	Meningitis ...	3	2	1	—	—	1	—	—	3	1	1	—	—	12
22	Other diseases of nervous system ...	—	4	1	1	1	4	2	6	8	14	23	16	5	85
23	Active rheumatic fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24	Chronic rheumatic heart disease ...	—	—	—	—	—	—	5	9	11	18	12	2	—	57
25	Hypertensive disease ...	—	—	—	—	—	—	1	5	11	19	32	17	6	91
26	Ischaemic heart disease ...	—	—	—	—	—	1	4	53	199	473	537	312	76	1,655
27	Other forms of heart disease ...	—	—	—	—	—	1	1	1	8	39	92	76	28	246
28	Cerebrovascular disease ...	—	1	1	1	—	3	7	7	22	116	216	182	76	632
29	Other circulatory disease ...	—	—	—	—	—	—	1	4	7	22	37	54	26	151
30	Influenza ...	—	—	—	—	—	3	1	—	2	4	5	5	5	25
31	Pneumonia ...	6	38	1	1	—	1	2	3	10	28	84	78	43	295
32	Bronchitis, emphysema and asthma ...	—	—	1	—	1	—	—	8	34	124	191	129	23	511
33	Other respiratory diseases ...	—	13	2	—	—	—	—	3	3	16	11	8	2	58
34	Peptic ulcer ...	—	—	—	—	—	—	1	1	6	27	14	7	3	59
35	Appendicitis ...	1	—	2	1	—	—	—	—	—	—	1	1	—	6
36	Intestinal obstruction and hernia ...	—	2	—	1	—	2	1	1	3	3	6	5	1	23
37	Cirrhosis of liver ...	—	—	—	—	—	—	1	2	9	9	12	3	1	37
38	Other digestive diseases ...	2	—	—	—	—	—	—	3	5	8	10	14	1	43
39	Nephritis and nephrosis ...	—	—	—	—	—	—	1	3	2	3	4	—	—	13
40	Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	—	—	4	16	10	30
41	Infections of kidney ...	1	—	—	—	—	—	—	1	3	2	5	2	3	17
42	Other diseases of genito urinary system ...	—	2	—	—	—	—	—	1	3	2	2	4	1	15
43	Abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
44	Other complications of pregnancy, childbirth and the puerperium ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45	Diseases of the skin, musculo-skeletal system, etc. ...	—	—	1	—	—	—	—	—	1	—	7	5	1	15
46/															
48	Congenital Anomalies ...	30	18	2	1	2	3	—	1	2	—	—	—	1	60
49	Birth injury, difficult labour and other anoxic and hypoxic conditions ...	78	—	—	—	—	—	—	—	—	—	—	—	—	78
50	Other causes of perinatal mortality ...	37	—	—	—	—	—	—	—	—	—	—	—	—	37
51	Senility without mention of psychosis ...	—	—	—	—	—	—	—	—	—	—	—	1	3	4
52	Ill-defined and unknown causes ...	—	1	—	—	—	—	—	1	—	2	2	—	2	8
53/															
54	Road vehicle accidents ...	—	1	9	10	5	19	12	11	15	18	8	9	1	118
55	Accidents in the home (part BE 50) ...	3	24	7	1	1	5	9	5	11	12	18	13	7	116
56	Other violence (part BE 50) ...	1	2	3	7	4	26	14	15	18	15	13	10	3	131
57	Suicide and self-inflicted injury ...	—	—	—	—	—	2	2	6	7	8	1	—	—	26
	All causes ...	166	125	43	30	18	79	78	216	576	1,505	1,894	1,225	366	6,321

* Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephalitis.

TABLE VIII.B.—GLASGOW, 1968.—DEATHS FROM DIFFERENT CAUSES
AT SEVERAL AGE PERIODS (FEMALES).

(from Registrar General's Annual Return)

Code No.	CAUSE OF DEATH	-4 Wks	4- Wks	1-	5-	10-	15-	25-	35-	45-	55-	65-	75-	85+	Total F'mls	Total Both Sexes
1	Enteritis and other diarrhoeal diseases ...	2	11	—	—	—	—	—	—	—	1	1	2	—	17	37
2	Tuberculosis of the respiratory system ...	—	—	—	—	—	—	2	2	4	3	5	5	2	23	88
3	Other tuberculosis, including late effects ...	—	—	—	1	—	—	—	—	—	1	—	2	—	4	13
4	Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Meningococcal infection ...	—	—	1	—	—	—	—	—	—	—	—	—	—	1	4
6	Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Measles ...	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
8	Syphilis and its sequelae ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
9	Other infective and parasitic diseases* ...	2	2	—	—	—	—	3	1	2	3	2	1	3	19	31
15	Malignant neoplasms ...	—	—	3	1	—	4	15	47	160	247	344	267	57	1,145	2,632
16	Benign and unspecified neoplasms ...	—	—	—	—	—	—	1	2	1	1	3	—	2	10	14
17	Diabetes Mellitus ...	—	—	1	—	—	—	—	1	2	16	35	21	1	77	112
18	Avitaminoses and other nutritional deficiency ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
19	Anaemias ...	—	—	1	—	—	—	—	1	1	3	6	13	4	29	38
20	Other general diseases ...	1	2	1	1	—	1	1	2	4	4	7	3	1	28	43
21	Meningitis ...	1	—	—	—	—	—	—	—	1	—	—	3	—	5	17
22	Other diseases of nervous system ...	—	—	2	1	1	1	3	3	6	15	20	17	12	81	166
23	Active rheumatic fever ...	—	—	—	1	—	—	—	—	1	—	—	—	—	2	2
24	Chronic rheumatic heart disease ...	—	—	—	—	—	1	3	12	31	28	28	14	1	118	175
25	Hypertensive disease ...	—	—	—	—	—	—	1	1	8	12	45	39	14	120	211
26	Ischaemic heart disease ...	—	—	—	—	—	—	1	12	43	199	408	447	187	1,297	2,952
27	Other forms of heart disease ...	—	—	—	—	—	—	1	3	8	22	99	143	69	345	591
28	Cerebrovascular disease ...	—	2	1	—	—	1	3	12	38	106	294	423	205	1,085	1,717
29	Other circulatory disease ...	—	—	—	—	—	1	2	2	11	16	48	93	78	251	402
30	Influenza ...	—	2	—	—	—	—	—	—	—	5	15	11	11	41	66
31	Pneumonia ...	3	26	—	3	—	—	1	1	8	26	46	118	65	297	592
32	Bronchitis, emphysema and asthma ...	—	—	—	—	—	—	1	5	19	38	62	53	26	204	715
33	Other respiratory diseases ...	1	7	1	—	1	1	—	1	3	5	7	12	7	46	104
34	Peptic ulcer ...	—	—	—	—	—	—	—	1	2	8	4	9	7	31	90
35	Appendicitis ...	—	—	—	—	—	—	—	—	1	2	1	1	—	5	11
36	Intestinal obstruction and hernia ...	3	1	—	—	—	—	1	—	—	3	5	10	5	28	53
37	Cirrhosis of liver ...	—	—	—	—	—	—	—	1	4	5	12	7	1	30	67
38	Other digestive diseases ...	—	—	1	—	—	—	1	4	4	6	29	24	9	78	121
39	Nephritis and nephrosis ...	—	—	—	1	—	3	—	—	3	1	2	6	—	16	29
40	Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30
41	Infections of kidney ...	—	2	—	—	1	—	1	—	4	14	11	9	2	44	61
42	Other diseases of genito urinary system ...	1	—	—	—	—	—	1	1	3	4	5	8	1	24	39
43	Abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
44	Other complications of pregnancy, childbirth and the puerperium ...	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1
45	Diseases of the skin, musculo-skeletal system, etc. ...	—	—	—	—	—	—	—	—	—	7	8	10	2	27	42
48	Congenital Anomalies ...	31	17	5	—	1	—	1	—	2	—	1	—	—	58	118
49	Birth injury, difficult labour and other anoxic and hypoxic conditions ...	51	—	—	—	—	—	—	—	—	—	—	—	—	51	129
50	Other causes of perinatal mortality ...	28	—	—	—	—	—	—	—	—	—	—	—	—	26	63
1	Senility without mention of psychosis ...	—	—	—	—	—	—	—	—	—	—	—	3	12	15	19
2	Ill-defined and unknown causes ...	—	—	—	—	1	1	—	1	—	—	1	1	2	7	15
54	Road vehicle accidents ...	—	—	4	1	4	1	2	4	11	5	6	7	—	45	163
55	Accidents in the home (part BE 50) ...	2	5	6	3	1	1	5	8	11	11	14	15	16	98	214
6	Other violence (part BE 50) ...	1	1	3	—	—	6	4	1	3	1	5	12	8	45	176
7	Suicide and self-inflicted injury ...	—	—	—	—	—	2	1	5	7	3	4	2	—	24	50
	All causes ...	125	78	30	14	10	25	57	134	407	821	1,573	1,815	810	5,899	12,220

* Including typhoid fever, scarlet fever and streptococcal sore throat, diphtheria and acute infectious encephalitis.

TABLE IX.—GLASGOW.—STILLBIRTHS, DEATHS UNDER 1 YEAR AND DEATH RATES PER 1,000 BIRTHS IN EACH MUNICIPAL WARD, FOR THE YEARS 1968 AND 1967

MUNICIPAL WARDS	Still- births 1968	Rate per 1,000 Births* 1968	Rate per 1,000 Births* 1967	Deaths —1 year 1968	Death Rate per 1,000 Births† 1968	Death Rate per 1,000 Births† 1967
1. Shettleston and Tollcross ...	14	18	26	20	25	22
2. Parkhead ...	8	25	3	5	16	24
3. Dalmarnock ...	23	28	21	41	52	22
4. Calton ...	7	17	34	10	25	54
5. Mile-end ...	14	18	24	17	23	37
6. Dennistoun ...	8	15	22	13	25	20
7. Provan ...	21	16	22	29	23	33
8. Cowlares ...	12	18	12	14	22	22
9. Springburn ...	6	11	30	14	26	15
10. Townhead ...	8	18	21	12	27	22
11. Exchange ...	1	8	14	6	51	21
12. Anderston ...	5	17	15	9	31	40
13. Park ...	4	13	25	5	16	39
14. Cowcaddens ...	8	24	21	14	42	19
15. Woodside ...	7	17	17	10	25	31
16. Ruchill ...	11	18	4	13	21	24
17. North Kelvin ...	11	16	15	20	29	26
18. Maryhill ...	6	10	16	25	23	33
19. Kelvinside ...	2	7	—	8	27	24
20. Partick (East) ...	5	14	16	12	33	21
21. Partick (West)	5	12	11	6	14	14
22. Whiteinch ...	1	3	5	5	16	8
23. Yoker ...	12	30	28	6	15	14
24. Knightswood ...	11	16	16	21	32	21
25. Hutchesontown	4	12	28	14	41	10
26. Gorbals ...	2	7	29	9	31	24
27. Kingston ...	6	17	11	10	30	27
28. Kinning Park ...	9	18	26	17	34	25
29. Govan ...	7	12	14	13	23	47
30. Fairfield ...	5	12	13	11	26	17
31. Craigton ...	10	24	12	8	20	12
32. Pollokshields ...	12	23	23	6	12	23
33. Camphill ...	6	17	15	7	20	15
34. Pollokshaws ...	16	22	23	12	17	24
35. Govanhill ...	14	18	15	18	24	19
36. Langside ...	6	17	7	10	28	14
37. Cathcart ...	15	14	19	24	23	22
Institutions ...	—	—	—	—	—	—
Harbour ...	—	—	—	—	—	—
CITY ...	322	17	18	494	26	24

* Live and Stillbirths.

† Live Births.

TABLE X.—GLASGOW INFANT DEATHS, 1968.
(from the Registrar General's Annual Return).

Abbreviated List B.		Males			Females			Both sexes — 1 year
		— 4 wks.	4 wks. +	Total	— 4 wks.	4 wks. +	Total	
	<i>Congenital Anomalies—</i>							
42.0	—of nervous system	5	4	9	15	4	19	28
42.1	—of circulatory system	11	12	23	10	10	20	43
42.2	Other congenital anomalies	14	2	16	6	3	9	25
	<i>Diseases of Early Infancy—</i>							
43	Birth injury, difficult labour and other anoxic and hypoxic condi- tions	78	—	78	51	—	51	129
44	Other causes of perinatal mortality	37	—	37	26	—	26	63
	<i>Diseases of the Respiratory System—</i>							
31	Influenza	—	—	—	—	2	2	2
32	Pneumonia	6	38	44	3	26	29	73
33	Bronchitis, emphysema and asthma	—	—	—	—	—	—	—
46.3	Other respiratory disease	—	13	13	1	7	8	21
	<i>Diseases of the Digestive System—</i>							
36	Intestinal obstruction and hernia	—	2	2	3	1	4	6
46.4	Other digestive disease	3	—	3	—	—	—	3
	<i>Diseases of the Nervous System—</i>							
24	Meningitis	3	2	5	1	—	1	6
46.1	Other diseases of the nervous system	—	4	4	—	—	—	4
	<i>Tuberculosis—</i>							
5	Respiratory	—	—	—	—	—	—	—
6	Non-respiratory	—	—	—	—	—	—	—
	<i>Infectious Disease—</i>							
4	Enteritis and other diarrhoeal diseases	3	13	16	2	11	13	29
9	Whooping Cough	—	—	—	—	—	—	—
111	Meningococcal infections	—	2	2	—	—	—	2
112	Poliomyelitis	—	—	—	—	—	—	—
114	Measles	—	—	—	—	—	—	—
117	Other infective or parasitic	1	1	2	2	2	4	6
	<i>Violence—</i>							
E								
48.1	Accidents in the home	3	24	27	2	5	7	34
E								
48.2	Other violent causes	1	3	4	1	1	2	6
	<i>All other causes</i>	1	5	6	2	6	8	14
	Totals	166	125	291	125	78	203	494

See page 54 for details of the changes in classification in 1968.

TABLE XI.—GLASGOW, 1966-1968—ABSTRACT OF NOTIFICATIONS UNDER
NOTIFICATION OF BIRTHS ACT, 1907.

	1968	1967	1966
Total Number of Notifications	19,206	19,837	20,430
Doctor at Home	1,709	2,154	2,758
Doctor in Nursing Home	92	101	167
Doctor in Institution	17,006	17,201	17,072
Maternity Hospital (Outdoor) Nurse ...	—	—	—
Midwife in Nursing Home	264	260	287
Certified Midwife	—	—	—
Municipal Midwife	130	112	138
Others	5	9	8

TABLE XII.—GLASGOW, 1966-1968—BIRTHS NOTIFIED SHOWING MEDICALLY
AND NOT MEDICALLY ATTENDED.

	1968	1967	1966
Notifications Received— <i>less Duplicates</i> —			
Total	19,206	19,837	20,430
Live-births	18,885	19,479	20,041
Still-births	321	358	389
Per cent. Still-births to Total ...	1·7	1·8	1·9
Medically attended—			
Births at Home	1,709	2,154	2,758
Births in Nursing Home	92	101	167
In Institutions	17,006	17,201	17,072
Total	18,807	19,456	19,997
Per cent.	98	98	98
Still-births at Home	11	12	34
Still-births in Nursing Home	3	1	6
Still-births in Institutions	303	338	344
Not Medically attended—			
Maternity Hospital, Outdoor Nurse ...	—	—	—
Certified Midwives in Nursing Home	264	260	287
Certified Midwives in Private Practice	—	—	—
Municipal Midwives	130	112	138
Others	5	9	8
Total	399	381	433
Per cent.	2	2	2
Still-births	4	7	5

TABLE XIII.—GLASGOW, 1968 and 1967.—CASES OF INFECTIOUS DISEASE REGISTERED AND NUMBERS OF THESE TREATED IN FEVER HOSPITALS, &C.

	1968				1967			
	Fever Hosp.	Other Institutions	Home	Total	Fever Hosp.	Other Institutions	Home	Total
<i>A. Notifiable—</i>								
Anthrax	—	—	—	—	1	—	—	1
Cerebrospinal Fever ...	17	11	2	30	13	8	1	22
Continued Fever ...	20	—	—	20	16	3	—	19
Diphtheria	—	—	—	—	—	—	—	—
Dysentery	750	16	1,017	1,783	801	55	776	1,632
Encephalitis Lethargica	—	—	—	—	—	—	—	—
Erysipelas	16	—	14	30	14	—	17	31
Food Poisoning	238	39	596	873	46	72	199	317
* Infective Jaundice ...	118	5	234	357	—	—	—	—
Leprosy	—	—	—	—	—	—	—	—
Malaria	4	—	—	4	6	—	—	6
Measles (a)	246	6	1,124	1,376	116	2	524	642
Ophthalmia Neonatorum	15	2	4	21	13	2	3	18
Pneumonia—								
Acute Influenzal ...	6	8	15	29	1	—	2	3
Acute Primary ...	1,121	532	284	1,937	1,139	345	225	1,709
Polio-Encephalitis, Acute	—	—	—	—	—	—	—	—
Polio-myelitis—								
Paralytic	1	—	—	1	—	—	—	—
Non-paralytic	—	—	—	—	1	—	—	†1
Puerperal Fever	—	—	—	—	1	40	—	41
Puerperal Pyrexia ...	1	51	1	53	1	65	1	67
Scarlet Fever	25	—	187	212	38	2	209	249
Smallpox	—	—	—	—	—	—	—	—
Trachoma	—	—	—	—	—	—	2	2
Typhoid Fever (and Paratyphoid B) ...	7	—	—	7	6	—	—	6
Whooping Cough ...	81	1	287	369	157	1	892	1,050
<i>B. Not Notifiable—</i>								
Chickenpox	87	5	957	1,049	70	1	1,289	1,360
Gastro-enteritis	264	30	122	416	167	46	53	266
German Measles	15	—	15	30	13	—	14	27
Others	11	—	6	17	108	3	102	213
	3,043	706	4,865	8,614	2,728	645	4,309	7,682
Notified but diagnosis altered to Non Infectious Disease ...	‡1,551	—	—	1,551	1,375	—	—	1,375
	4,594	706	4,865	10,165	4,103	645	4,309	9,057

Where patients suffer from two or more diseases, each disease is reckoned as a case.

Apart from cases of pneumonia admitted to General Hospitals and other Institutions in times of pressure; cases of puerperal fever, puerperal pyrexia, and ophthalmia neonatorum occurring in other than Fever Hospitals and allowed to remain; and cases of trachoma treated in Stobhill Hospital; the cases shown under the headings "Other Institutions" are for the most part, accidental.

* Prior to October 1968 this referred only to "Weil's Disease" but now includes Infective Hepatitis.

(a) Became notifiable as from 1st October 1968.

‡ Includes 1 Salmonella Typhimurium carrier and 6 Dysentery carriers.

TABLE XIV.—CASES OF INFECTIOUS DISEASE REGISTERED IN EACH MONTH IN 1968.

	MONTH												YEAR	
	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Hosp.	Home
Enteric, including Paratyphoid Fever	—	—	—	—	—	1	3	1	1	—	—	1	7	—
Continued and Undefined Fever ...	2	—	3	—	2	4	1	5	1	1	—	1	20	—
Puerperal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ...	4	4	7	7	7	1	4	3	2	7	2	5	52	1
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	18	6	19	14	18	13	11	5	8	22	33	45	25	187
Diphtheria and Membranous Croup	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	6	—	2	7	3	3	2	—	1	5	1	16	14
Cerebro-spinal Fever ...	4	2	2	3	3	1	3	4	1	2	4	1	28	2
Ophthalmia Neonatorum ...	—	—	3	1	1	4	2	3	—	1	4	2	17	4
Trachoma ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute and Chronic Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Paralytic) ...	—	—	—	1	—	—	—	—	—	—	—	—	1	—
Acute Poliomyelitis (Non-paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Primary Pneumonia ...	377	227	239	148	160	105	104	79	57	103	126	212	1,653	284
Acute Influenzal Pneumonia ...	13	7	3	1	—	—	1	1	1	—	—	2	14	15
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	4	—
Dysentery ...	98	122	160	110	245	98	91	95	184	207	190	183	766	1,017
† Measles ...	5	20	69	62	162	128	50	24	51	174	313	318	252	1,124
German Measles ...	—	—	6	4	5	7	2	—	1	2	1	—	15	15
Whooping Cough ...	38	42	21	27	25	30	16	32	44	31	34	29	82	287
Chickenpox ...	126	92	100	93	104	83	6	12	54	108	148	123	92	957
Food Poisoning ...	103	9	7	7	7	21	19	50	418	125	65	42	277	596
Gastro Enteritis ...	17	18	24	41	41	37	31	25	49	54	38	41	294	122
† Infective Jaundice ...	10	9	8	14	14	19	12	22	24	52	91	82	123	234
Total	815	566	671	536	801	555	361	363	896	891	1,054	1,088		
Hospital	445	287	332	248	369	266	273	262	315	307	287	317	3,738	
Home	370	279	339	288	432	289	88	101	581	584	767	741		4,859
											* Others		11	6
											† Altered Diagnoses		1,551	
													5,300	4,865

* Mumps 16. Influenza 1.

† Measles and Infective Jaundice became notifiable as from 1st October 1968.

TABLE XV.

OPERATIONS OF SANITARY SECTION, 1968.

	Central	North- ern	Eastern	South- Eastern	South- Western	City 1968 1967	
1. General							
Nuisances and defects removed or remedied	10,654	12,813	17,026	5,830	8,402	54,731	62,585
Consisting of—							
Apartments, Lobbies, or W.C.'s, with insufficient light or ventilation, or otherwise defective in construction	—	—	—	—	—	—	1
Defective Chimneys causing nuisance	16	42	7	11	52	128	99
Disrepair or dampness in Dwelling-houses	1,482	3,092	2,084	588	1,854	9,100	7,875
Offensive smells from Drains, or other reasonable grounds—smoke test	1	2	—	2	1	6	2
Drains, Conductors, Soil-pipes, or Pipes choked or defective	3,639	6,114	8,159	2,512	3,388	23,812	26,254
Sanitary Fittings choked or defective	356	615	740	347	349	2,407	2,517
Dirty Houses and Bedding	10	18	236	—	3	267	542
Dirty Closes, Stairs, etc. (daily and bi-weekly cleaning)	289	302	136	13	139	879	1,549
Common passages, stairs or staircases not in a cleanly state (limewashing or painting)	529	41	198	8	234	1,010	2,875
Animals or Poultry kept so as to be a nuisance	11	1	4	—	—	16	16
Accumulation of Garbage or Rubbish	805	516	236	116	159	1,832	1,890
Noise Nuisances—Number dealt with	1	1	—	5	7	14	29
Samples of Water etc., for analysis	114	803	94	641	73	1,725	1,167
Other Irregularities	573	606	3,200	1,993	1,620	7,992	7,309
Reports to Master of Works	1,974	657	913	147	389	4,080	5,666
" Superintendent of Cleansing	235	135	46	6	2	424	617
" Water Engineer	733	671	1,067	88	205	2,764	3,014
Prosecutions—Sheriff Court	117	12	12	8	3	152	243
" Police Court	—	10	—	—	1	11	21
Number Successful	54	17	11	8	4	90	160
2. Drain Testing.							
Number of Applications (Dean of Guild)	441	662	370	1,999	406	3,878	3,734
Number of Tests to old tenement drains	—	—	—	1	—	1	—
Number of Consultations re drainage scheme	1,011	412	192	395	373	2,383	2,450

TABLE XV—*Continued.*OPERATIONS OF SANITARY SECTION—*Continued.*

	Central	North- ern	Eastern	South- Eastern	South- Western	City 1968 1967	
3. Common Lodging Houses.							
Number measured and registered	—	—	—	—	—	—	—
Total number now on register ...	3	1	2	—	—	6	6
With accommodation for ...	671	280	467	—	—	1,418	1,418
Number of irregularities ...	1	—	—	—	—	—	9
Number of prosecutions ...	—	—	—	—	—	—	—
4. Boarding Houses for Emigrants and Seamen.							
Number measured and registered	—	—	—	—	—	—	—
Total number now on register ...	1	—	—	—	—	1	1
With accommodation for ...	72	—	—	—	—	72	72
Number of irregularities ...	—	—	—	—	—	—	—
Number of prosecutions ...	—	—	—	—	—	—	—
5. Farmed-out Houses and Houses Let-in-Lodgings.							
Number measured and registered	—	—	—	—	—	—	24
Total number now on register ...	—	6	7	—	1	14	25
Number of irregularities ...	—	3	3	—	14	20	10
Number of prosecutions ...	—	—	—	—	1	1	1
6. Caravan Sites.							
Number of Sites licensed during the year	—	—	—	—	—	—	2
Number on Register	—	5	9	3	—	17	20
Number of Vans accommodated	—	130	77	7	—	214	249
Number of irregularities found ...	—	—	1	—	—	1	1
Number of prosecutions	—	—	—	—	—	—	—
7. Rodent Control.							
Number of Premises infested ...	2,156	1,954	1,174	774	616	6,674	5,516
Number of Premises Proofed ...	484	143	95	68	374	1,164	486

TABLE XV—*Continued.*OPERATIONS OF SANITARY SECTION—*Continued.*

	Central	North- ern	Eastern	South- Eastern	South- Western	City 1968 1967	
8. Mech. Bakehouses.							
Number measured and registered	1	—	—	—	—	1	1
Total number now on register ...	27	33	32	47	15	154	158
Number dirty	—	—	—	—	2	2	9
Number with sanitary conven- ience defective in light or ven- tilation	—	—	—	—	—	—	3
Number with sanitary convenience required	—	—	—	—	—	—	—
Number with sanitary fittings choked or defective	—	1	—	—	1	2	2
Number of other nuisances ...	—	1	—	—	—	1	10
Number of prosecutions ...	—	—	—	—	—	—	—
9. Non. Mech. Bakehouses.							
Number measured and registered	—	—	—	—	—	—	—
Total number now on register ...	—	2	—	10	—	12	12
Number dirty	—	—	—	—	—	—	—
Number overcrowded	—	—	—	—	—	—	—
Number with sanitary conven- ience defective in light or ven- tilation	—	—	—	—	—	—	—
Number with sanitary conveniences required	—	—	—	—	—	—	—
Number with sanitary fittings choked or defective	—	—	—	—	—	—	—
Number of other nuisances ...	—	1	—	—	—	1	—
Number of prosecutions ...	—	—	—	—	—	—	—
10. Mech. Factories.							
Number registered	37	27	30	39	27	160	110
Total number now on register ...	1,065	382	550	480	399	2,876	2,898
Number dirty	30	15	37	—	22	101	149
Number with sanitary conven- iences defective in light or ven- tilation	15	6	21	—	18	60	71
Number with sanitary fittings choked or defective	4	9	13	—	9	35	66
Number of prosecutions ...	—	—	1	—	—	1	—
Number of other nuisances ...	23	12	53	—	23	111	153

TABLE XV—*Continued.*
OPERATIONS OF SANITARY SECTION—*Continued.*

	Central	North- ern	Eastern	South- Eastern	South- Western	City 1968 1967	
11. Non-Mech. Factories.							
Number registered	2	—	—	—	1	1	10
Total number now on register ...	54	10	55	66	22	297	221
Number dirty	1	—	—	—	—	1	2
Number overcrowded	—	—	—	—	—	—	—
Number with sanitary conven- iences defective in light or ven- tilation	1	1	—	—	—	2	4
Number with sanitary fittings choked or defective	—	—	—	—	—	—	—
Number of other nuisances	4	—	1	—	—	5	8
Number of prosecutions	—	—	—	—	—	—	—
14. Offices, Shops and Railway Premises.							
Number now on register—	6,134	1,635	2,188	2,185	1,393	13,535	13,301
(a) Offices	3,407	317	543	482	307	5,056	4,951
(b) Shops (retail)	1,845	1,078	1,291	1,391	843	6,448	6,309
(c) Wholesale Department or Warehouse	479	50	80	102	61	772	809
(d) Catering Establishment	389	183	271	209	180	1,232	1,205
(e) Staff Canteen	11	6	2	—	1	20	18
(f) Fuel Storage Depot	3	1	1	1	1	7	8
Number of General Inspections ...	194	266	274	586	27	1,347	3,279
Number of other visits	4,024	2,060	2,048	1,182	130	9,444	15,648
15. Homeworkers' Dwellings.							
Total number now on register ...	—	—	—	1	—	1	4
Number found dirty	—	—	—	—	—	—	—
16. Bothies, Chaumers.							
Number occupied	—	—	—	—	—	—	—
Number unsatisfactory	—	—	—	—	—	—	—
Number of nuisances	—	—	—	—	—	—	—
18. Piggeries.							
Total number now on register ...	4	5	3	2	—	14	16
Contravention of Byelaws	—	—	—	—	—	—	—
Number of nuisances	—	1	—	—	—	1	3
Number of prosecutions	—	—	—	—	—	—	—

TABLE XV—*Continued.*OPERATIONS OF SANITARY SECTION—*Continued*

	Central	North- ern	Eastern	South- Eastern	South- Western	City 1968 1967	
19. Offensive Trades.							
Total number now on register ...	3	2	32	—	—	37	38
Number of irregularities ...	6	—	17	—	—	23	30
Number of prosecutions ...	—	—	—	—	—	—	—
20. Rag Flock.							
Total number now on register ...	6	4	8	13	9	40	49
Number licensed ...	1	—	2	—	—	3	7
Samples submitted for analysis ...	—	—	—	—	—	—	—
Certified not to conform to standard ...	—	—	—	—	—	—	—
Number of prosecutions ...	—	—	—	—	—	—	—
Number of Irregularities ...	—	—	—	—	—	—	1
21. Broker's Premises.							
Total Number registered ...	54	28	41	17	13	153	51
Number dirty ...	—	—	1	—	1	2	3
Number of other nuisances ...	—	1	3	—	3	7	1
24. Food Premises							
Number in Division ...	1,132	538	943	950	589	4,152	4,315
Number of Premises visited ...	149	304	41	100	133	727	1,669
Number defective in light and ventilation ...	4	5	8	2	2	21	49
Number sanitary conveniences defective or required ...	80	4	17	10	2	113	452
Washing facilities required ...	23	25	7	9	2	66	263
Lack of personal cleanliness in foodhandlers and dirty equip- ment ...	112	33	12	13	4	174	569
Number of Other Nuisances ...	169	—	81	44	27	301	663
Number of Irregularities ...	388	62	125	—	—	575	1,246

TABLE XV—*Continued.*OPERATIONS OF SANITARY SECTION—*Continued.*

	Central	North- ern	Eastern	South- Eastern	South- Western	City 1968 1967	
29. Work of Public Health Nurses.							
(a) Verminous Children.							
Number of visits to schools ...	76	188	409	44	58	775	1,307
Number of children submitted for inspection ...	5,180	7,530	26,744	2,850	3,352	45,656	92,407
Number of children found with major infestation ...	49	—	205	4	—	258	448
Number of children found with minor infestation ...	601	1,095	2,369	164	256	4,485	10,219
Number of children found with fleas ...	—	1	—	—	1	2	35
Number of children found dirty	—	19	420	—	149	588	1,504
Number of written notices ...	1	4	150	27	9	191	325
Number of children cleaned by guardians ...	173	300	3,147	133	156	3,909	6,961
Number of children cleaned by officers ...	6	—	172	3	—	181	468
Number of children re-inspected	800	1,068	10,320	443	1,221	13,852	24,611
(b) Homes of Verminous Children.							
Number of houses inspected ...	298	240	683	—	146	1,367	3,552
Number of houses found dirty	—	—	—	—	—	—	17
Number of houses with dirty bedding ...	—	—	—	—	—	—	5
Number of written notices ...	—	—	17	—	—	17	26
Number of re-inspections ...	15	17	291	—	—	323	1,098
Number of houses cleaned ...	—	—	—	—	—	—	31
Number of bedding cleaned ...	—	—	—	—	—	—	10
(c) Other							
Care of old people ...	11,130	9,780	7,480	9,038	7,089	44,517	44,297
30. Work of Housing Health Visitors.							
						Work now undertaken by Housing Manager's Department.	

TABLE XVI.—GLASGOW.—POPULATION; BIRTHS AND DEATHS; BIRTH-RATES AND DEATH-RATES PER 1,000; ALSO DEATHS UNDER 1 YEAR, AND DEATH-RATES PER 1,000 BIRTHS SINCE 1913.

Year	Population	Births	Deaths	Birth-rate per 1,000	Death-rate per 1,000	Deaths under 1 Year	
						Number	Rate per 1,000 Births
1913†	1,021,789*	28,688	17,693	28.1	17.3	3,706	129
1914	1,028,440	29,462	17,522	28.6	17.0	3,913	133
1915	1,035,091	27,943	20,159	27.0	19.5	4,007	143
1916	1,041,742	27,094	16,601	26.0	15.9	2,996	111
1917	1,048,393	24,030	16,691	22.9	15.9	3,089	129
1918	1,055,044	23,524	18,362	22.3	17.4	2,660	113
1919	1,061,695	25,835	18,237	24.3	17.2	2,937	114
1920	1,068,346	32,626	16,765	31.5	15.7	3,477	107
1921	1,075,000	29,712	15,625	27.6	14.5	3,138	106
1926	1,090,380*	24,541	15,731	22.7	14.6	2,548	104
1931	1,088,461	22,926	15,505	21.1	14.2	2,397	105
1932	1,088,215†	22,732	16,071	20.9	14.8	2,542	112
1936	1,087,230	22,273	16,406	20.5	15.1	2,429	109
1937	1,086,984	22,176	16,379	20.4	15.1	2,313	104
1938	1,092,968*	21,979	15,016	20.1	13.7	1,919	87
1939	1,092,722	21,682	15,010	19.8	13.7	1,737	80
1940	1,092,476	20,965	17,603	19.2	16.1	1,983	95
1941	1,092,229	20,365	16,301	18.6	14.9	2,267	111
1942	1,091,983	20,615	14,679	18.9	13.4	1,863	90
1943	1,091,737	22,363	14,824	20.5	13.6	1,825	82
1944	1,091,491	22,203	14,603	20.3	13.4	2,108	95
1945	1,091,245	20,294	13,941	18.6	12.8	1,379	68
1946	1,090,998	23,560	14,502	21.6	13.3	1,588	67
1947	1,090,752	25,829	15,266	23.7	14.0	1,989	77
1948	1,090,506	22,292	13,620	20.4	12.5	1,241	56
1949	1,090,260	20,923	14,203	19.2	13.0	1,033	49
1950	1,090,013	20,031	14,090	18.4	12.9	879	44
1951	1,089,767	20,091	14,312	18.4	13.1	922	46
1952	1,086,202	20,337	13,841	18.7	12.7	831	41
1953	1,082,796	20,232	12,827	18.7	11.8	723	36
1954	1,079,311	20,977	12,750	19.4	11.8	736	35
1955	1,075,825	21,023	13,275	19.5	12.3	765	36
1956	1,072,340	21,885	13,194	20.4	12.3	720	33
1957	1,068,855	22,413	13,177	21.0	12.3	774	35
1958	1,065,369	22,760	13,454	21.4	12.6	800	35
1959	1,061,884	22,598	13,536	21.3	12.7	799	35
1960	1,058,398	23,092	13,037	21.8	12.3	743	32
1961	1,053,100	22,842	13,368	21.7	12.7	703	31
1962	1,044,500	23,491	13,224	22.5	12.7	762	32
1963	1,029,147	22,618	13,717	22.0	13.3	722	32
1964	1,018,582 ^a	22,405	12,277	22.0	12.1	642	29
1965	1,000,857	20,846	12,761	20.8	12.7	586	28
1966	979,798	19,766	12,441	20.2	12.7	598	30
1967	960,527	19,332	11,482	20.1	12.0	474	25
1968	945,034	18,816	12,220	19.9	12.9	494	26

* Extended City. † Births and Deaths from 1913 are corrected for transfers.

† Intercensal populations and rates in the years 1932 to 1950 inclusive were revised in 1951 and those for 1952 to 1960 in 1961.

^a Midyear population from 1964 onwards

APPENDIX B.—TABLE I.

STATEMENT OF CASES TREATED IN EACH OF THE INFECTIOUS DISEASE HOSPITALS BASED ON DISMISSALS AND DEATHS FOR YEAR 1968.

	Admitted		Dismissed		Died		Average Residence		Altered Diagnosis		Ruchill		Belvidere		Total Days' Residence	
	Males	Females	Males	Females	Males	Females	Dis-Missals	Deaths			Dis-Missals	Deaths	Dis-Missals	Deaths	Dis-Missals	Deaths
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebrospinal Fever	11	10	10	10	—	—	16	—	53	—	11	—	9	—	324	—
Chickenpox	56	39	56	41	—	—	15	—	28	—	67	—	30	—	1,496	—
Continued and Undefined Fever	20	20	19	20	—	—	13	—	119	—	15	—	24	—	498	—
Diphtheria and Mem. Group	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—
Dysentery	368	430	373	435	1	2	17	0.4	608	—	345	1	463	2	13,380	19
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	4	2	5	2	—	—	36	—	1	—	3	—	4	—	254	—
Erysipelas	5	12	3	14	—	—	17	—	14	—	5	—	12	—	291	—
Food Poisoning	136	113	131	109	6	5	16	4.4	48	—	151	5	89	6	3,786	101
Gastro Enteritis	180	140	178	136	5	4	17	2.8	418	—	137	5	177	4	5,288	15
German Measles	8	14	8	14	—	—	7	—	6	—	13	—	9	—	184	—
Impetigo	9	10	8	10	—	—	12	—	—	—	5	—	13	—	220	—
Influenza	2	2	4	3	—	—	10	—	—	—	2	—	5	—	71	—
Leprosy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	5	1	5	1	—	—	6	—	—	—	3	—	3	—	39	—
Measles	131	113	127	111	—	—	11	—	63	—	118	—	120	—	2,827	—
Mumps	16	8	15	8	—	—	11	—	3	—	8	—	15	—	249	—
Ophthalmia Neonatorum	7	9	7	7	—	—	12	—	—	—	10	—	4	—	162	—
Paratyphoid Fever B.	1	1	1	1	—	—	16	—	1	—	1	—	1	—	33	—
Pemphigus Neonatorum	—	2	1	2	—	—	14	—	—	—	2	—	1	—	41	—
Polomyelitis, Acute	—	1	—	1	—	—	35	—	2	—	—	—	1	—	35	—
Pneumonia, Acute Influenzal	—	3	—	1	—	—	14	—	10	—	2	—	1	—	28	—
Pneumonia, Acute Primary	672	447	621	416	46	39	17	7.6	732	—	320	30	717	55	17,786	1,215
Puerperal Fever	—	9	—	9	—	—	10	—	1	—	5	—	4	—	89	—
Puerperal Pyrexia	—	1	—	—	—	—	10	—	—	—	—	—	—	—	10	—
Scarlet Fever	15	9	15	8	—	—	7	—	18	—	10	—	13	—	239	—
Trachoma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Pulmonary	29	30	28	29	1	1	37	3.1	18	—	23	2	34	2	2,107	111
Tuberculosis, Non-Pulmonary	4	15	4	16	—	—	89	—	46	—	8	—	12	—	1,775	—
Veneral Disease	—	11	—	11	—	—	11	—	—	—	11	—	—	—	125	—
Well's Disease	—	—	—	—	—	—	21	1.2	17	—	30	1	55	—	1,821	23
Whooping Cough	41	43	42	43	—	—	7	—	2	—	6	—	26	—	238	—
Babies with Mothers	10	21	10	22	—	—	4	—	3	—	1	—	4	—	4	—
Unclassified (Staff)	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
No Apparent Disease	62	42	58	42	—	—	7	—	—	—	21	—	76	—	726	—
Others (Infective Hepatitis, Salmonella Dysentery Carriers, etc.)	1,534	1,234	1,388	1,153	132	77	16	7.6	192	—	1,150	58	1,391	151	41,446	8,860
Total	3,327	2,793	3,117	2,678	191	129	16	5.2	2,368	—	2,485	100	3,110	220	95,182	10,044
Phthisis	718	377	624	318	126	45	5.1	15.1	—	—	857	167	85	4	50,236	13,298

INFECTIOUS DISEASE HOSPITALS. DEATHS FROM CERTAIN CAUSES, ACCORDING TO SEX AND AGE, FOR THE YEAR 1968.

	MALES													FEMALES												
	-1	-2	-5	-10	-15	-20	-25	-35	-45	-55	-65	65 +	Total	-1	-2	-5	-10	-15	-20	-25	-35	-45	-55	-65	65 +	Total
Cerebrospinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chickenpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	2	2
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	1	1	—	—	—	1	1	1	—	—	2	6	1	—	—	—	—	—	—	—	—	1	—	3	5
Gastro-enteritis	4	1	—	—	—	—	—	—	—	—	—	—	5	4	—	—	—	—	—	—	—	—	—	—	—	4
Influenza ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid B. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Primary	3	—	—	1	1	2	—	—	—	5	5	29	46	1	2	—	2	—	1	—	1	—	1	5	26	39
Pneumonia, Influenzal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio-myelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Pulmonary	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	—	—	—	—	—	—	1	1
Tuberculosis, Non-Pul.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Venereal Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Others ...	1	1	1	—	1	—	2	3	7	10	50	56	132	1	2	1	—	—	—	—	—	—	*9	15	49	77
Total	8	3	2	1	2	2	2	4	8	15	55	89	191	8	4	1	2	—	1	—	1	—	11	20	81	129
Phthisis ...	—	—	—	—	—	—	—	1	5	14	44	62	126	—	—	—	—	—	—	—	2	4	8	8	23	45

* Includes one Infective Hepatitis.

APPENDIX B.—TABLE III.

INFECTIOUS DISEASE HOSPITALS. DISMISSALS AND DEATHS ACCORDING TO SEX AND AGE, FOR THE YEAR 1968.

374

DISEASES	MALES											FEMALES											Total		
	-1	-2	-5	-10	-15	-20	-25	-35	-45	-55	-65	65+	-1	-2	-5	-10	-15	-20	-25	-35	-45	-55		-65	65+
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebrospinal Fever	3	1	2	2	1	—	—	—	—	—	—	—	2	2	2	1	—	1	—	—	—	—	—	—	10
Chickenpox	3	13	17	14	5	—	—	3	—	—	—	6	6	15	9	2	—	—	—	—	—	—	—	—	41
Continued and Undefined Fever	3	1	1	3	—	1	1	5	—	—	—	4	—	—	1	3	—	—	—	—	—	1	1	—	20
Diphtheria and Mem. Group	69	77	112	58	21	2	6	6	4	6	8	51	121	69	28	11	30	21	10	10	16	24	—	437	
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Encephalitis Lethargica	—	—	—	—	—	—	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Erysipelas	24	9	13	11	20	8	7	17	13	5	4	14	10	6	4	6	12	11	3	5	1	6	15	5	
Food Poisoning	163	14	3	2	1	1	1	—	—	—	4	12	5	1	1	3	2	2	4	5	5	6	1	14	
Gastro Enteritis	3	1	1	2	1	1	1	—	—	—	8	3	1	1	2	3	2	2	—	—	—	—	—	1	
German Measles	2	1	2	2	1	1	1	—	—	—	4	1	4	3	3	2	1	—	—	—	—	—	—	10	
Impetigo	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	3	
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Leptosy	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malaria	15	37	57	18	7	1	1	4	—	—	127	32	45	14	2	—	—	—	—	—	—	—	—	111	
Measles	—	—	—	—	—	—	—	—	—	—	15	—	—	—	—	—	—	—	—	—	—	—	—	—	
Mumps	—	—	—	—	—	—	—	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ophthalmia Neonatorum	7	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pemphigus Neonatorum	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
Poliomyelitis, Acute	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pneumonia, Acute	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Influenzal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pneumonia, Acute	175	58	90	55	29	19	7	19	26	36	54	103	35	53	33	11	9	4	15	23	18	30	121	455	
Primary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever	1	1	4	3	4	1	1	—	—	—	—	1	—	—	3	2	2	—	—	—	—	—	—	—	
Trachoma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tuberculosis, Pul.	1	—	—	1	1	1	1	6	2	5	6	2	2	1	1	1	1	1	5	3	5	4	7	30	
Tuberculosis, Non-Pul.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Veneral Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Weil's Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping Cough	21	13	5	2	—	1	—	—	—	—	—	5	13	2	1	—	—	—	—	—	—	—	—	44	
Babies with Mothers	10	—	—	—	—	—	—	—	—	—	—	22	—	—	—	—	—	—	—	—	—	—	—	22	
Unclassified (Staff)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
No apparent Disease	18	4	6	3	1	4	1	7	4	6	2	9	2	5	2	2	4	10	2	4	1	1	—	42	
Others (including Hepatitis, Salmonella, and Dysentery carriers etc.)	267	139	176	113	68	44	68	69	58	85	205	192	119	113	78	46	54	82	90	57	90	93	206	1,230	
Total	786	369	495	297	145	84	98	138	111	141	278	308	288	417	229	104	103	158	158	107	135	153	384	2,807	
Phtisis	—	—	—	7	11	19	19	51	78	106	260	268	—	—	2	9	13	10	36	54	69	67	103	363	